

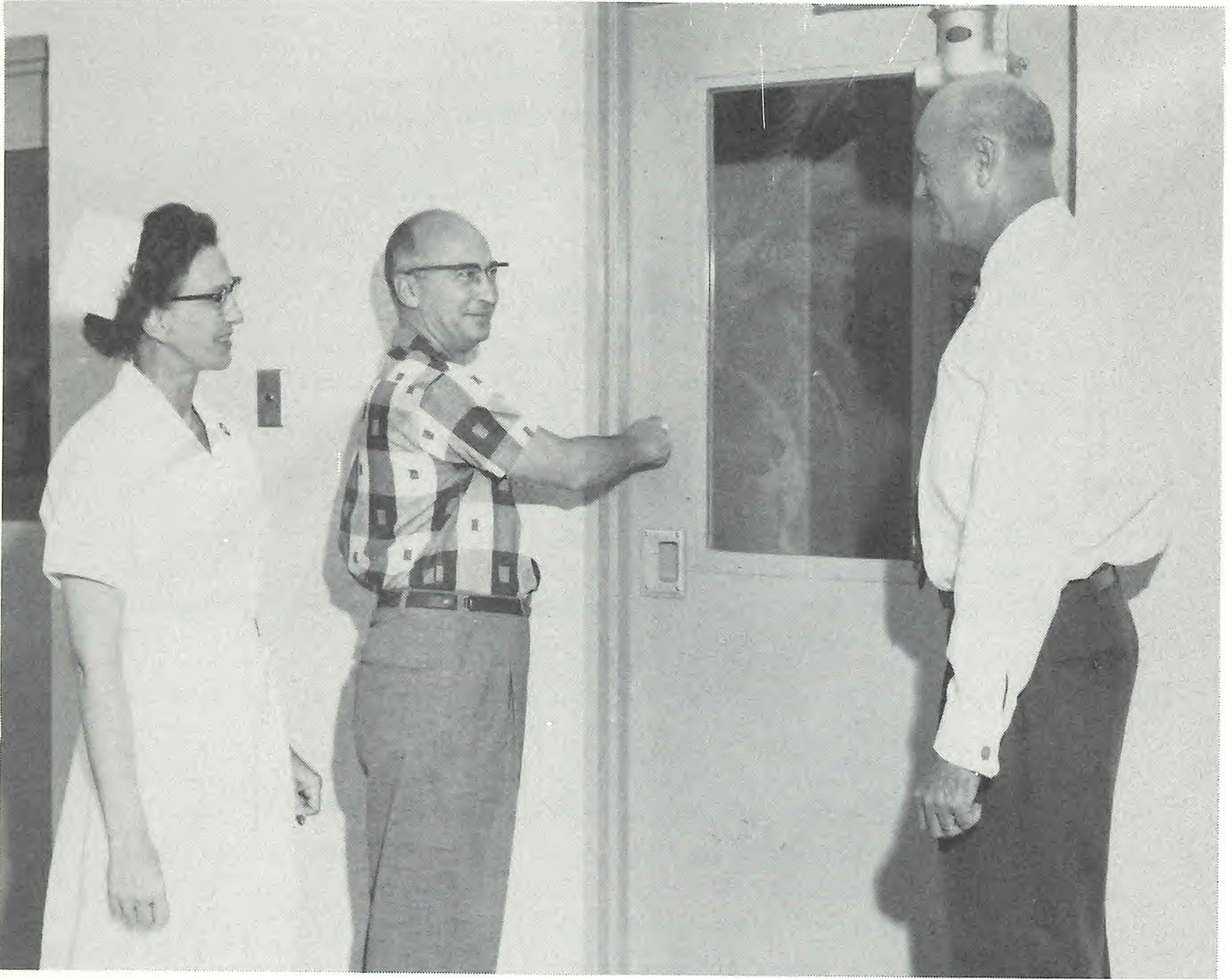
Arizona State Hospital

PHOENIX, ARIZONA



ANNUAL REPORT

Fiscal Year July 1, 1957 — June 30, 1958



Dr. Wick, Hospital Director, opens the door of remodelled F-Building for Mr. John Sands, Hospital Board Chairman and Mrs. Mary Pittman, Director of Nursing.



Arizona State Hospital
Phoenix, Arizona

The Honorable Ernest W. McFarland
Governor of the State of Arizona
Phoenix, Arizona

Dear Governor McFarland:

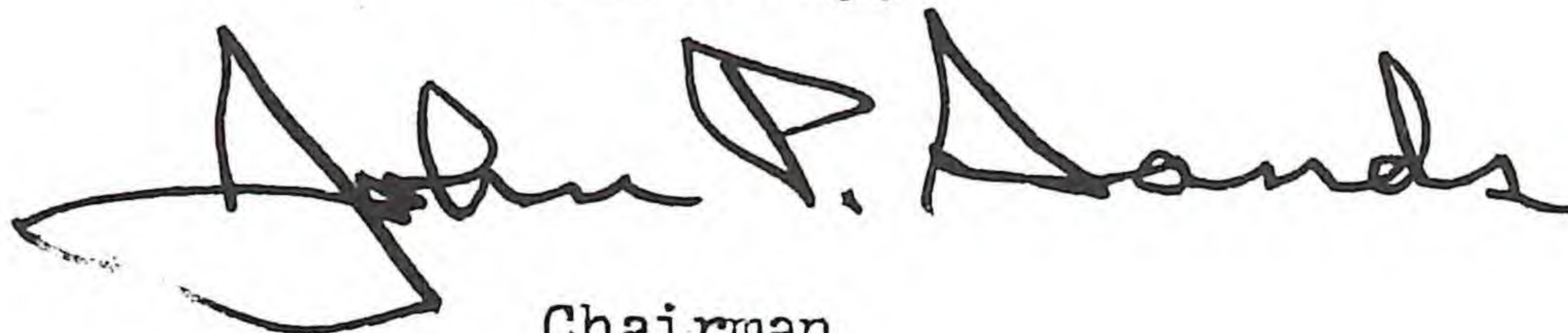
Enclosed herewith is the Annual Report of the Arizona State Hospital for the fiscal year ending June 30, 1958. We are very happy to report the tentative attainment of a goal set by ourselves a number of years ago.

This year the hospital received a rating of conditional approval by the American Psychiatric Association. Of the 187 state, federal and county institutions in the United States, only 33 are thus rated and only 15 fully accredited. It is very important that the momentum be continued so that full accreditation can be realized by the next inspection date in 1961.

The results of this improved condition may be readily seen in the fact that even with greatly increased admissions, the present patient population is 158 less than 5 years ago and that a continually increasing number of patients are being cured and returned to society.

The State Hospital Board greatly appreciates the action of the legislature and the work of the entire hospital staff in bringing about these results. We feel that they, as well as the entire State of Arizona, should be proud of this accomplishment.

Sincerely,

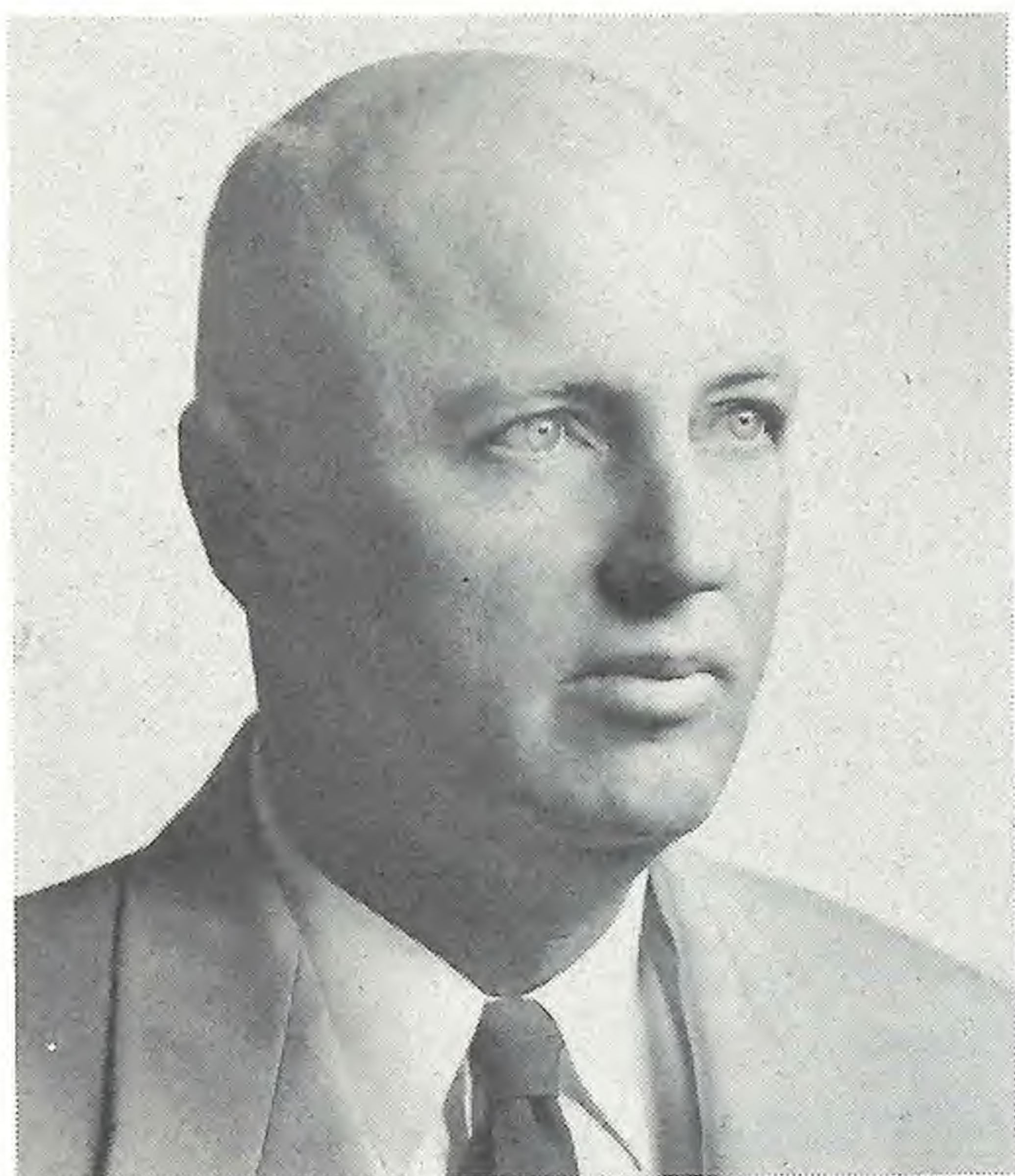


Chairman

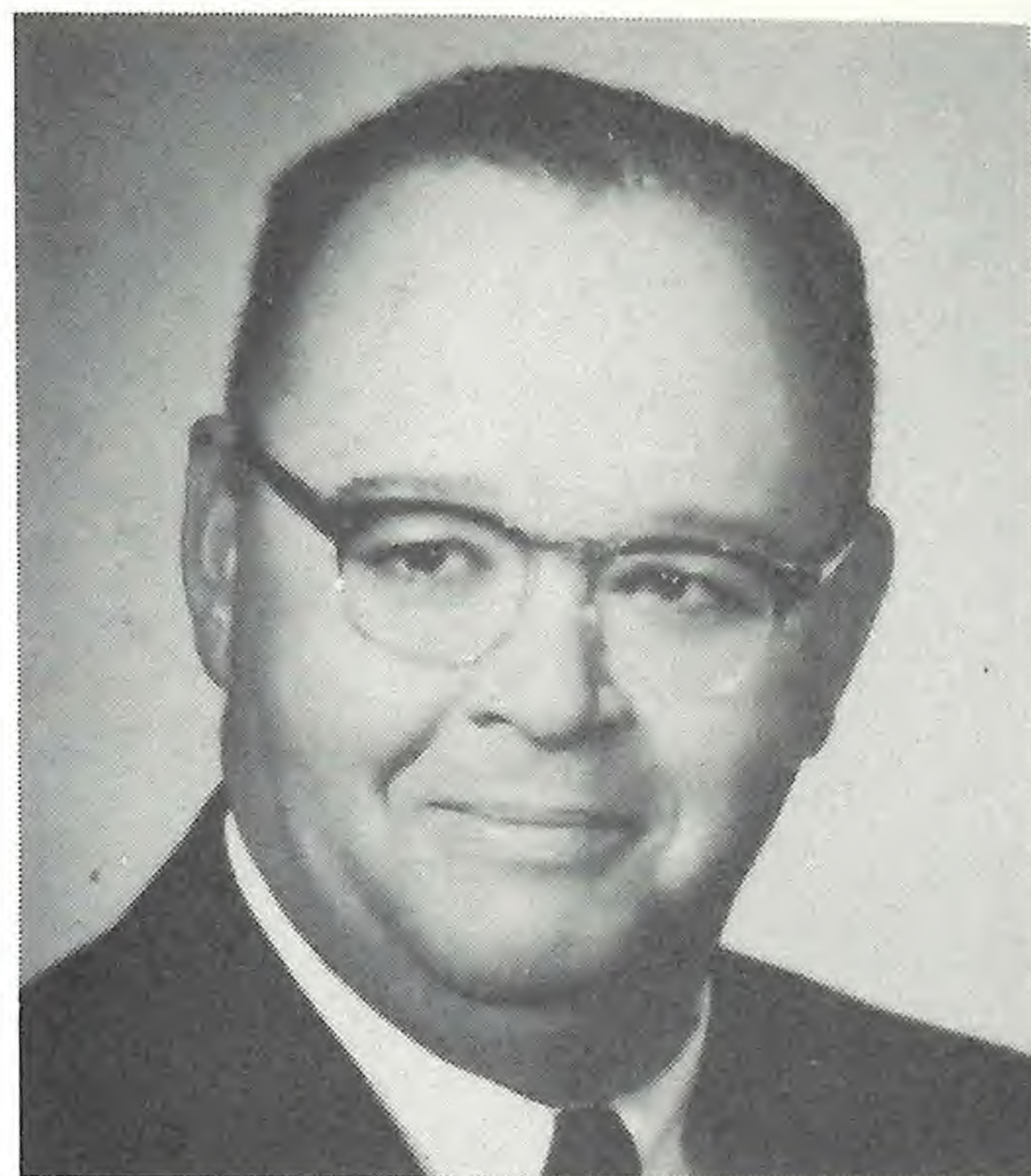
JPS/bc

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John P. Sands, Chairman
 GLENDALE, ARIZONA



Lowell C. Wormley, M.D.
Vice Chairman
 PHOENIX, ARIZONA



Walter C. Pulsipher, Member
 ST. JOHNS, ARIZONA

arizona state

hospital board



Mrs. Thelma McQuade, Member
 TUCSON, ARIZONA



James McNulty, Member
 BISBEE, ARIZONA

*administrative
officers*

Samuel Wick, M.D.
SUPERINTENDENT



D. M. Bramwell, M.D.
ASSISTANT SUPERINTENDENT



R. A. Clelland
BUSINESS MANAGER



Mary E. Pittman, R.N.
DIRECTOR OF NURSING

Medical, Nursing and Therapeutic Staff

MEDICAL

Samuel Wick, M.D.	Director
D. M. Bramwell, M.D.	Assistant Director
Herman Blustein, M.D. (Resigned 12-31-57)	Chief, Psychiatric Service
Carl Breitner, M.D.	Chief, Psychiatric Treatment and Research
Peter J. Doyle, M.D.	Staff Psychiatrist
Walter V. Edwards, M.D.	Chief, Medical-Surgical Service
Rosolino Lo Curto, M.D.	Staff Psychiatrist
Walter E. Luria, M.D.	Staff Psychiatrist
Harold Mikkelsen, M.D.	Staff Psychiatrist
Anne Marie Vogt, M.D.	Staff Physician
Dominic F. Zito, M.D.	Staff Physician

DENTAL

Robert L. Henry, D.D.S.	Dentist
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PSYCHOLOGY

Ralph T. Hinton, Jr., Ph.D.	Director
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PHARMACY

Elias Schlossberg	Pharmacist
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NURSING

Mary E. Pittman, R.N.	Director of Nursing
Marjorie D. Bauer, R.N.	Director of Nursing Education

SOCIAL SERVICE

Philip L. Gordon	Director
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INDUSTRIAL THERAPY

Arlene Babcock	Director
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OCCUPATIONAL THERAPY

Phyllis M. Simonson, O.T.R.	Director
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RECREATIONAL THERAPY

William J. Hersey (resigned February 1958)	Director
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MEDICAL RECORDS

Marion A. Turbeville, R.R.L. (resigned May 1958)	Librarian
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CONSULTING STAFF

John R. Green, M.D.	Neurosurgery
Harry F. Steelman, M.D.	Neurosurgery
Hal W. Pittman, M.D.	Neurosurgery
Marcy L. Sussman, M.D.	Radiology
Henry A. Siegal, M.D.	Gynecology
T. Richard Gregory, M.D.	Outpatient Psychiatry
Louis J. Kowalski, M.D.	Outpatient Psychiatry
Bertram L. Snyder, M.D.	Tuberculosis
Maurice Rosenthal, M.D.	Pathology
Thomas B. Jarvis, M.D.	Pathology
L. I. Tuveson, M.D.	Orthopedic Surgery
Harry J. French, M.D.	Ophthalmology
George K. Rogers, M.D.	Dermatology
Rex O. Vaubel, M.D.	General Surgery
R. J. M. Zeluff, M.D.	Anesthesiology
Miss Alice Richards, R.N.	Anesthesiology
Robert L. Maresca, M.D.	Anesthesiology
Dr. Samuel Mason	Chiropody
Dr. H. B. Seyfert	Chiropody

Report of Superintendent

ARIZONA STATE HOSPITAL BOARD

JOHN P. SANDS, CHAIRMAN

I am submitting the annual report for the fiscal year 1957-1958 during which both encouraging and disappointing features occurred. There has been progress in many areas as shown by the reports from the various departments. This has been possible by continuing to expand the activities which make it possible for the patients to be discharged after adequate treatment and rehabilitation. The disappointment resulted from the lack of adequate funds to provide sufficient increase in the personnel to bring the treatment program to a better standard, both in the hospital and in out-patient care. All of us must continue to devote our efforts toward obtaining these funds by our demonstration of the accomplishments when increased funds are available.

POPULATION

For the three preceding years there was a gradual decrease in the patient population, but this decrease could not be maintained during the past fiscal year. I contend that this is the direct result of inadequate funds for the facilities and personnel required to treat the increased number of patients being admitted. There were 1595 patients in the hospital on July 1, 1957 and this was increased to 1608 on July 1, 1958. Although the increase was only 13 patients, the change in the trend is more significant than the actual number of patients. It has been our hope to continue to decrease the hospital population which could be accomplished with more personnel to treat the acute patients in a shorter period of time and to rehabilitate the chronic patients so they could adjust outside of the hospital. Over a period of time this would be more economical than to permit the hospital population to increase as it had before the last three years.

The total admissions in 1957-1958 were 1216 and the total discharges were 1203, of which 184 were deaths. The number of patients on Conditional Discharge has continued to increase so that on July 1, 1958 there were 491 compared to 449 on July 1, 1957. In order to reduce the returns from Conditional Discharge, more follow-up care in the Out-Patient Clinic has been provided. Additional personnel is needed to give adequate treatment and supervision to the large number of patients on Conditional Discharge.

The percentage of patients admitted over the age of 65 continues to increase, and need for discharge planning increases. The program for placing the geriatric patient in facilities outside the hospital and the encouraging results of this program is described in the report of the Social Service Director. The need to make greater efforts for this category of patient is obvious for many do not require further hospital care.

The voluntary admissions have increased from 99 in the last fiscal year to 109 in this fiscal year. The period of hospitalization for the voluntary patient is shorter than other patients because they are treated during an earlier phase of mental illness which responds better. As the percentage of voluntary patients increases, we can anticipate that treatment will be more effective and hospitalization shorter.

MENTAL HEALTH CODE

An encouraging note during the past year was the passage of the Mental Health Code by the Legislature which provided for admission of patients by Medical Certification and Emergency Medical Certification so that treatment and hospitalization could be provided on the basis of medical need rather than the requirement that the mentally ill patient be dangerous to himself and others. Many patients can now be admitted for treatment without the stigma and trauma of detention and a court trial to determine the presence of a mental illness. The Mental Health Code protects the individual's liberty and at the same time allows for hospitalization when the individual is mentally ill. Everyone interested in Mental Health realizes that a forward step has been taken but there are still many problems which require solution.

MEDICAL STAFF

Dr. D. M. Bramwell returned to the staff as Assistant Superintendent after an absence of six months. During the year two staff members resigned and two were employed so that there were eight physicians in addition to the Superintendent at the end of the fiscal year. We still have the same problem in obtaining well-trained psychiatrists because of the low salaries offered in comparison to other States. It is essential to increase the medical staff to provide adequate individual therapy in the hospital and to expand the out-patient services at the hospital and in other communities.

In addition to the regular hospital duties, members of the medical staff have participated in the education program, professional meetings and community activities related to mental health and hospital needs.



Members of Maricopa County Medical Society in the Patients' Dining Room as a part of their annual meeting at Arizona State Hospital.

The second annual meeting of the Maricopa County Medical Society was held at the hospital in April 1958. The following program was presented:

"Remarks of Welcome and Explanation of the New Mental Health Code."

—Samuel Wick, M.D., Director

"Review of the Tranquilizing Drugs"

—D. M. Bramwell, M.D., Assistant Director

"Community Functions of the State Hospital."

—Richard E. H. Duisberg, M.D.

Otto L. Bendheim, M.D.

The large attendance indicated the growing interest of the medical profession in the hospital program and the closer co-operation with community medicine.

During the January meeting of the Maricopa County Medical Society, I was presented an Award for Distinguished Public Service which read "For his outstanding

AWARD

For Distinguished Public Service

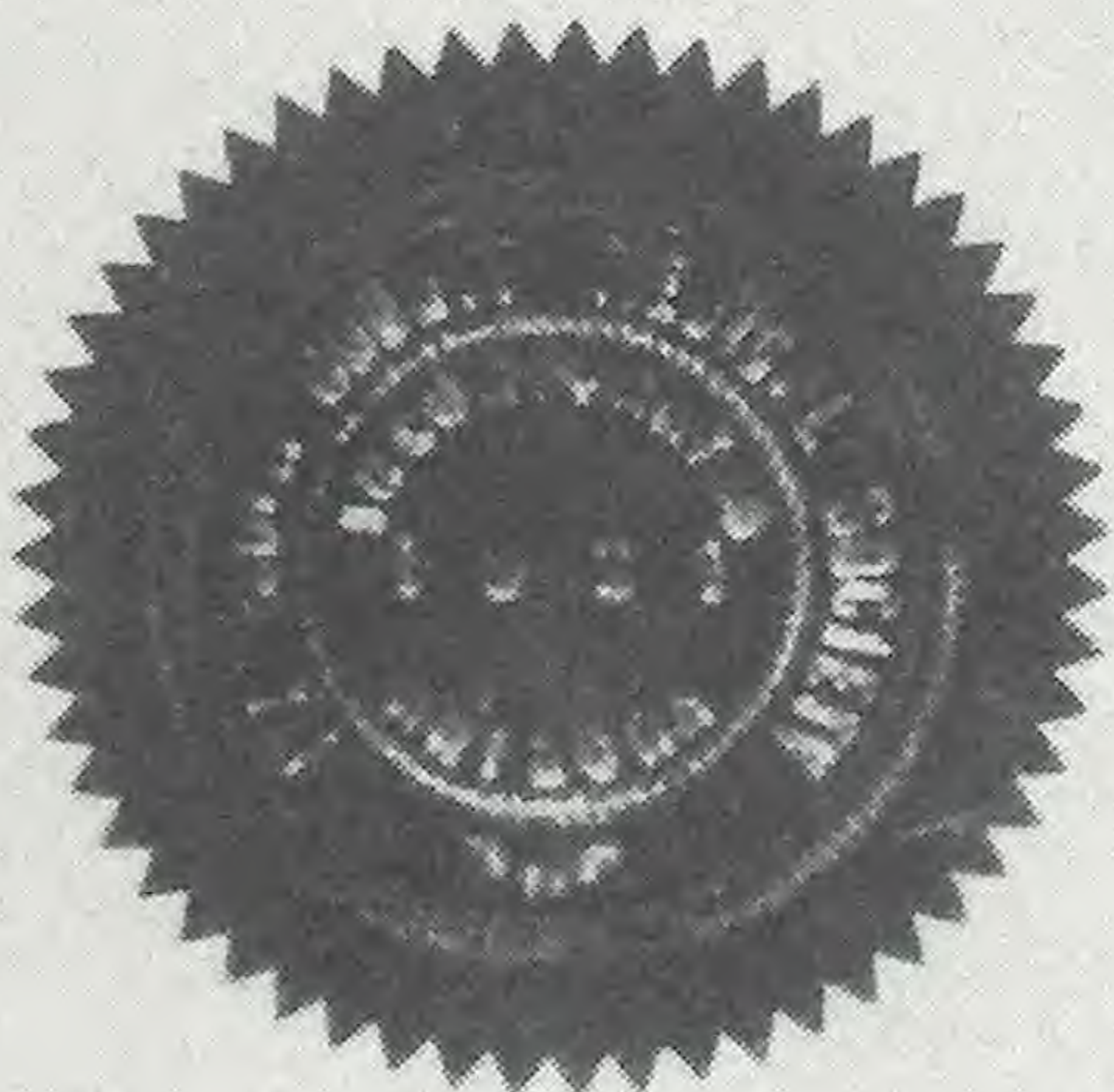
Presented To

SAMUEL WICK, M.D.

Superintendent, Arizona State Hospital

By the Maricopa County Medical Society

For his outstanding record of accomplishment as administrator, his far sighted treatment programs, and substantial improvements in patient accommodation.



John A. Eisenstein, M.D.
President

Loel G. Stapley, M.D.
Secretary

December 31, 1957

record of accomplishment as Administrator, his far-sighted treatment programs, and substantial improvements in patient accommodations." I feel that everyone at the hospital contributed their efforts toward this Award and I am proud to have received this recognition for the hospital.

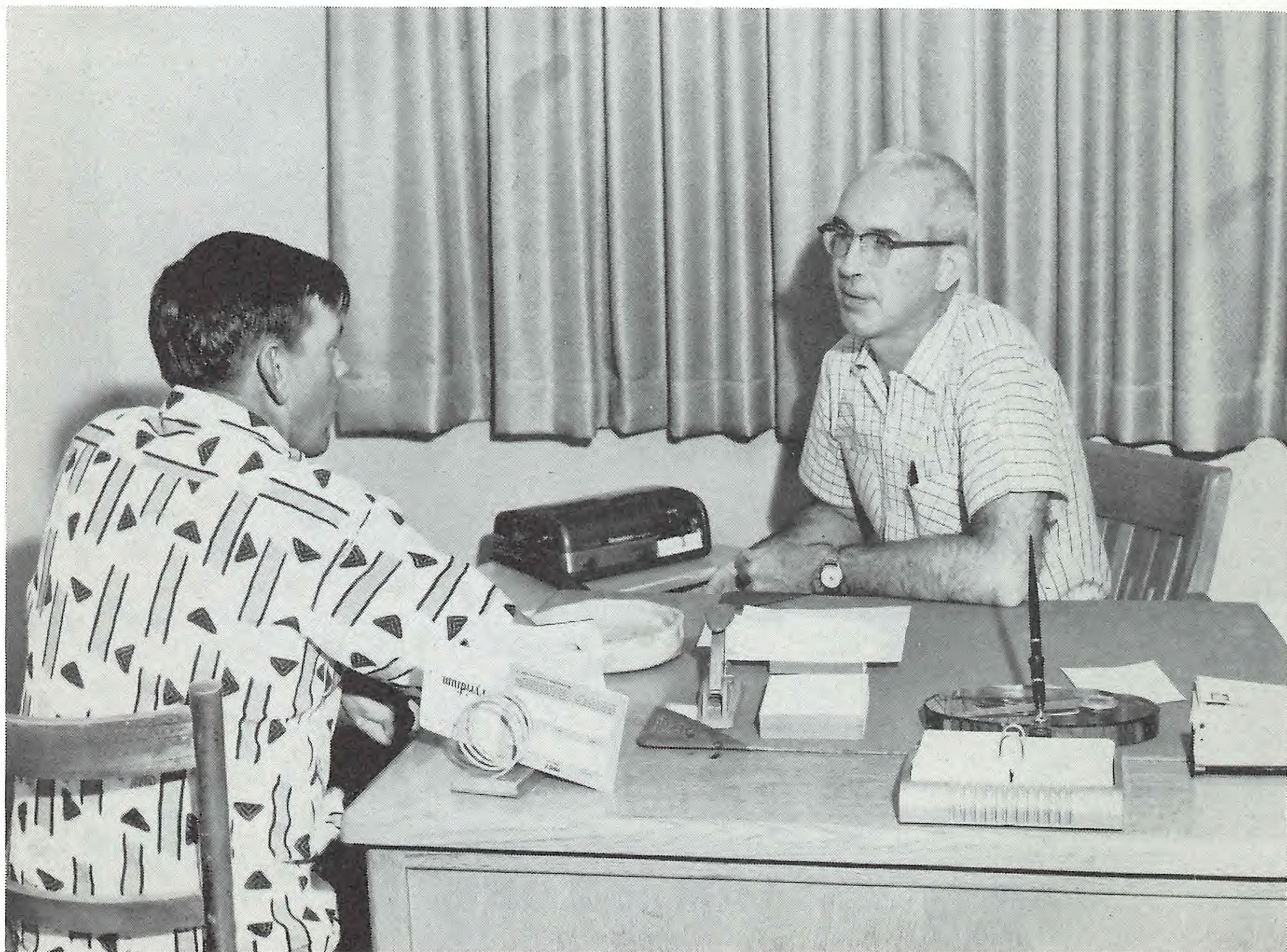
RESEARCH

The same problems continue to exist which prevent an adequate research program: lack of trained personnel and lack of funds. The need for studies to determine the factors producing mental illness and the ultimate effects of treatment is more important as mental illness continues to increase. Mental illness is still the number one health problem.

During the year several papers were presented on the continuing study of the results of diencephalic electrotherapy. Additional experimental work has been accomplished in the Neurosurgical Department and in electroencephalography. Clinical evaluation of a number of the newer psychopharmacological drugs have been conducted which resulted in better utilization of these drugs.

TREATMENT

The function of all departments is to provide treatment; and, by co-ordination of the program, beneficial results have been produced. The report from each section shows the number of patients treated. The results are indicated by the number of discharges but greater progress could be made if the staffs in each section had adequate numbers of personnel. As the number of admissions increases each year, the need for adequately trained personnel in all departments becomes more obvious.



Dr. Walter Edwards, Chief, Medical and Surgical, interviews a patient.

Drugs have continued to give good results in a variety of patients. The indications for the use of these drugs are being better defined so that not only anxious, restless, disturbed patients, but also depressed, withdrawn patients respond better. Approximately 60% of the patients are receiving some type of the newer drug therapy.

OUT-PATIENT CLINIC

The examinations and treatments provided for individuals from the community have increased. The variety of sources of referral are listed in the report of the out-patient section. Many of these people have been treated successfully which prevented the need for hospitalization. There is a need for Out-Patient Clinics in all the larger communities as the problems exist in all areas of the State. In time it should be the responsibility of each community to provide the mental hygiene facilities with financial assistance of the State as is done in other States.

The follow-up care of patients on Conditional Discharge has increased as more patients are treated and more patients are away from the hospital. Establishment of an Out-Patient Clinic is being planned in Pima County as 30% of the patients are admitted from that County. Social Service Workers have been assigned to the Out-Patient Clinic to interview both the patient and the family in order to assist with the variety of problems which confront the patient during this period of adjustment. The geriatric patients are seen periodically to assist the rest home operators with adequate care and medications. Additional time from the regular duties of the medical staff and the social service staff is required to keep up with these activities.

SOCIAL SERVICE

All functions of the Social Service Department have been increased as the growing admission rates require more contacts with the patients, the families, and various agencies in order to obtain adequate histories and to make plans for discharge. The results of the program related to the geriatric patient and the increased case load of conditionally discharged patients is described in the report by the Director of Social Service. Additional personnel to perform the increased duties is needed if the service is to keep up with the demands.

NURSING SERVICE

The constant daily care and treatment of the patients depends upon all employees in the Nursing Service. Psychiatric understanding of the acutely ill patient, socialization and rehabilitation of the chronically ill patient, habit training for the regressed patient, and medical care for the physically ill patient require personnel who have been trained for these purposes. Graduate Nurses and Psychiatric Aides are needed in adequate numbers to provide the necessary treatment. Unless the number of graduate nurses and psychiatric aides is increased by adequate legislative appropriations, treatment programs must be curtailed and many patients will not receive the type of treatment which should be available. This is the responsibility of the Legislature.

EDUCATION

The scope of the educational program has been expanded so that all personnel are given training whether they are directly or indirectly associated with the care of patients. More training is necessary but this is not possible with the present staff. During the past year two graduate psychology students from Arizona State College,



The Fire Marshal conducts a student-participation class in fire-extinguishment.

Tempe, have received clinical training under the supervision of the Director of Psychology. This area of instruction should be expanded. Plans are being completed for Occupational Therapy students to receive psychiatric training at the hospital. Requests are being received from other sources for clinical training at the hospital. This indicates the need to increase the facilities and the staff to provide for the psychiatric experience in all related professions.

PERSONNEL

During the year the hospital had an average of 540 employees in all classifications. There were 279 terminations with a termination rate of 51.8%. Of these terminations 133 occurred within six months of employment, with 100 within the first three months. There were 196 terminations in the nursing service which was 70% of all terminations. This is significant since most employees in this service are Psychiatric Aides whose salary is low so that they obtain work for a temporary period until a better paying position can be obtained. If the salary scale were increased, this excessive turnover could be reduced by obtaining better employees who would be willing to remain more permanently.

The termination rate had shown an improvement from the previous fiscal year when the total terminations were 353 with a termination rate of 67.1%, but the improvement could be much greater with adequate salary levels for all categories of employees.

CONDITION OF EXISTING EQUIPMENT AND BUILDINGS

Equipment and buildings have been kept in good condition by preventive maintenance and adequate repair. There is a continuing need to replace old equipment

as it becomes obsolete or inefficient. The budget requests to the Legislature contain those items which are necessary to maintain the functions of the hospital. Cottage Four has been declared a fire hazard and should be condemned as soon as quarters are available for the Personnel Offices, General Services Offices, the Canteen and storage areas which are now housed in this cottage.

BUILDING IMPROVEMENTS

During the fiscal year the F-Building remodelling was completed and has been reoccupied by patients. The second floor is an "open ward" for 106 men who are being treated in the Rehabilitation program. The first floor has two wards of 45 beds each for regressed male patients who require habit training and socialization. The new facilities, adequate toilets and showers, clean, bright dayrooms and well ventilated sleeping dormitories have produced changes in the habits and reactions of these patients in the short time that they have been in these wards. Again, this demonstrates the beneficial effects which had been noted in another remodelled building when patients were provided with a cheerful therapeutic environment.

The work to install the additional unit to the central air-conditioning system has progressed and should be completed in the near future.

The Mattress Shop was enlarged by adding a unit on each end of the existing building so that there is now sufficient space for the manufacturing process as well as for storage.

Central air-conditioning was provided for the Administration Building.

NEEDED IMPROVEMENTS

The building program which has been approved by the Arizona State Hospital Board will be presented to the Legislature to show the needs of the hospital for the next five years. The program will include a new Diagnostic and Treatment Building, remodelling of the three old buildings, enlargement of rehabilitation facilities,



Employees, patients and interested citizens have contributed to a small Chapel Fund. It is hoped an appropriation will make this building a reality. Who needs God more than the mentally ill?

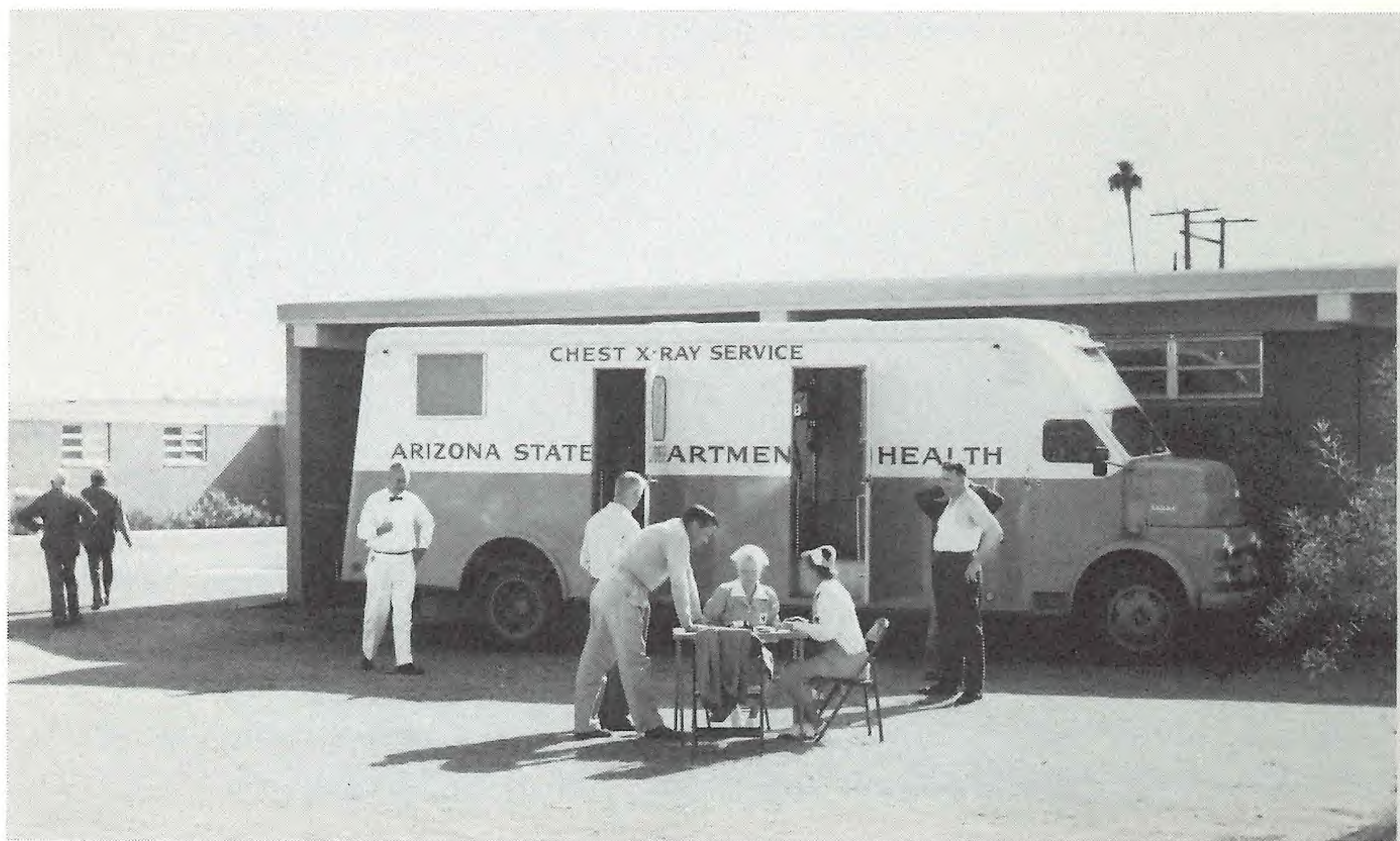
additional facilities for educational and research purposes, Chapel, enlargement of the activities' area with a patients' library, remodelling of the surgical area, additional staff residences and remodelling of the dietary facilities. The completion of these requirements will bring all the hospital buildings to the standard which will bring accreditation. It is essential for the Legislature to understand these problems so that adequate appropriations will be provided in order to have the therapeutic environment in which patients can receive the best treatment for the optimum results.

The following requests will be made for the next fiscal year:

1. Diagnostic and Treatment Building
2. Enlargement of the Rehabilitation facilities
3. Remodelling of Surgery
4. Two Staff residences

REINSPECTION BY AMERICAN PSYCHIATRIC ASSOCIATION

The hospital was inspected by the Central Inspection Board of the American Psychiatric Association in 1954 and at that time the hospital was NOT APPROVED because of the deficiencies in personnel, buildings (which were overcrowded) and sanitary facilities for patients. Since that time two buildings were remodelled to conform with adequate standards. Adequate sanitary facilities were added and a small increase in personnel was possible. The hospital was reinspected in 1958 and because of the improvements in the above categories, as well as other improvements in treatment facilities, the hospital was given CONDITIONAL APPROVAL for a period of three years. The Board and the entire hospital personnel have been pleased and proud that the hospital has been able to make this progress during the last four years. Considerable credit must be given to the Legislatures which have been aware of the hospital needs and have appropriated funds to accomplish the



State Health Department Mobile X-ray Unit conducts annual chest survey on all State Hospital patients.

improvement up to this point. The newspapers, the Mental Health Association and the public all have been instrumental in making our progress possible by their support to make our goal come closer.

We should consider that we have advanced part of the way, but we must continue to maintain this progress until the goal is reached when the hospital is given COMPLETE APPROVAL instead of CONDITIONAL APPROVAL. This will require not only buildings, but also adequate numbers of trained personnel to provide the therapeutic environment in which the best treatment will be available for the patients. The alternative is an increase in the hospital population which will require more buildings just to house the additional patients.

The relationship of the hospital with the community has improved as the public has become aware that the hospital serves the citizens of Arizona and that the community has responsibilities toward the mentally ill. Educational programs of the Mental Health Associations and professional groups have produced greater understanding of mental health problems and the hospital set-up. Volunteer groups have participated in larger numbers and more activities which have been beneficial to the patients. All these factors have been valuable in reducing some of the hospital problems. I appreciate the effort, the interest and the time given by all these devoted people to help the patients and the hospital.

I thank all the employees of the hospital for their devotion and loyalty. Particularly, I express my thanks and appreciation to the members of the Arizona State Hospital Board for their untiring efforts, their support and advice during the past year.

Respectfully submitted,

A handwritten signature in cursive script that reads "Samuel Wick". The signature is written in dark ink and is positioned above the printed name.

SAMUEL WICK, M.D.

Director

Assistant Director's Report

Number of Staff meetings held during year.....	179
Number of Patients seen at Staff meetings.....	1713
Surgery performed (not including NSU).....	45
Number of treatments given in Minor Surgery.....	457
Electric Shock Therapy:	
274 males received 1314 treatments (ECT)	
4 males received 10 treatments (NCT)	
17 males received 30 treatments (Comb. ECT & NCT)	
257 females received 1040 treatments (ECT)	
201 females received 965 treatments (NCT)	
122 females received 642 treatments (Comb. ECT & NCT)	
Chiropody Clinic: Number of Patients seen.....	498
GYN Clinic: Number of Patients seen.....	702
Optical Clinic: Number of Patients seen (4-9-58 to 6-30-58).....	126
Outpatient Clinic (Psychiatric Consultations).....	1498
TB Consultations.....	101
Laboratory: Number of tests made.....	10,811
Physiotherapy: Number of treatments.....	20,736
X-rays taken.....	3356
Number of deaths.....	184
Autopsies performed.....	95
Percentage of autopsies.....	51%

Out-Patient Clinic

NUMBER OF OUT-PATIENTS.....	1915
1. Neurosurgical Evaluations.....	41
2. Neurosurgical and Neurological re-examinations and follow-ups	160
3. Psychiatric Evaluations.....	169
4. Psychiatric Consultations of Out-Patients.....	169
5. Follow-up consultations of hospital Conditional Out-Patients.....	958
6. Social Service consultations of Conditional Out-Patients.....	80
7. Electroencephalograms	118
8. X-rays	18
TOTAL.....	1915

Indigent Out-Patients are referred to the Neurosurgical and Psychiatric Out-Patient Clinics by various Welfare Departments, Children's Clinics, Health Clinics, County Clinics and Hospitals, Juvenile Departments, Public School Doctors, Private Doctors, etc., throughout the State.

SUMMARY

NEUROSURGICAL HOSPITAL PATIENTS and PSYCHIATRIC and NEUROSURICAL OUT-PATIENTS

	Hospital Patients	Out-Patients	Total
NEUROSURGICAL EVALUATIONS	104	41	145
NEUROSURGICAL RE-EXAMINATIONS.....	80	160	240
PSYCHIATRIC EVALUATIONS.....		169	169
PSYCHIATRIC CONSULTATIONS OF OUT-PATIENTS....		371	371
FOLLOW-UP CONSULTATIONS of HOSPITAL CONDI-TIONAL OUT-PATIENTS		958	958
SOCIAL SERVICE CONSULTATIONS of CONDITIONAL OUT-PATIENTS		80	80
ELECTROENCEPHALOGRAMS	171	118	289
X-RAYS	106	18	124
SURGICAL PROCEDURES	22		22
CLINICAL PATHOLOGICAL CONFERENCES (Patients)	88		88
	571	1915	2486



Social worker interviews a patient and member of the family to aid in the adjustment during a visit to the Out-patient Clinic.

Neurosurgical Clinic

HOSPITAL PATIENTS:

I.	NEUROSURGICAL EXAMINATIONS:	
a.	Patients referred for Neurosurgical Evaluations.....	104
b.	Re-examinations and follow-up of Neurosurgical patients.....	80
	TOTAL.....	184
II.	ELECTROENCEPHALOGRAMS	171
III.	X-RAYS	106
IV.	SURGICAL PROCEDURES:	
	Arteriograms	2
	Craniotomy (Decompression)	1
	Craniotomy (Exploration)	1
	Myelogram	1
	Ventriculogram	1
	Pneumoencephalograms	16
	TOTAL.....	22
V.	SPECIAL NURSES were provided for all patients who underwent Neurosurgical procedures. Their period of supervision and care usually was continued for one week post-operatively; longer when deemed necessary.	
VI.	CLINICAL PATHOLOGICAL CONFERENCES:	
	Conducted by: Dr. Harry F. Steelman, Neuropathologist	
	EIGHT CLINICAL PATHOLOGICAL CONFERENCES were held during the fiscal years 1957-1958. These conferences included the clinical records, differential diagnoses, gross autopsy findings and sectioning for microscopic examination.	
	(Patients)	88
	TOTAL.....	571

Nursing Education

Mrs. Marjorie Bauer has returned from a year's absence, during which time she received a Master of Education Degree from the University of Minnesota. She has resumed her former position as Director of Nursing Education. Two new Clinical Instructors were appointed to replace the two former instructors.

During the fiscal year, 84 Student Nurses have completed the twelve weeks of Psychiatric Mental Health Nursing Experience. The two sending schools of nursing are, as before, Good Samaritan Hospital and St. Joseph's Hospital, both of Phoenix. In this same period, 105 hospital employees, nursing and non-nursing, have been awarded certificates for completing the Basic In-Service Program of 34 scheduled hours of class. Because of lack of sufficient number of instructors, our Nursing employee training standards for classroom and follow-up teaching fall far below the national average.

In both these educational areas, emphasis has followed the rapidly changing dynamic approach to the mentally ill person, concentrating our thoughts and actions toward the understanding of human inter-relationships and the acceptance of each person as an individual with many problems.

Our Medical Library is keeping pace with the new books which serve to aid all of us in recognizing our roles in the practice of the art of human relations. Problem solving seems an ever increasing need in our culture and we are attempting to keep pace with all of the current trends.



The Hospital Director presents certificate to class members upon completion of the basic course in Psychiatric Aide Mental Health Nursing.

Social Service Department

INTRODUCTION:

From the date of the patient's admission to the hospital the Psychiatric Social Worker's interviews with the patient and his family are focused on plans for the patient's return to his home, family, friends, and employment. A concerted effort is made to assist the patient in maintaining his family and community ties, thereby



Social Service Reception Area, where family contact is a part of the plan to return patients to home and useful social activity.

mitigating the possibility of his being confronted with the prospect of being alone and isolated at the time of discharge.

The expansion of the scope of Social Service activities is reflected by an 85% increase in the number of patients on Conditional Discharge status in the last three years. On June 30, 1955 there were 255 patients on Conditional Discharge, and on June 30, 1958 there were 491. A number of these patients had been hospitalized for many years and as a result had lost contact with families, friends, and employers. The Social Service Department is confronted with the practical problems of assisting the patient with such problems as locating housing, establishing social outlets, securing employment and obtaining financial assistance if employable, as well as with the fears and anxieties involved in leaving the shelter of the Hospital. Whenever the patient's family is available, efforts are made to re-establish the family ties and involve the family in plans for the patient's leaving the hospital. Where there are no families available, the services of public and private community agencies are utilized.

ADMISSION SERVICES:

In addition to the established practice of the Social Worker interviewing each new patient shortly after the patient's admission, group discussions for the newly-admitted patients are conducted by the Social Workers on both the male and female services. The ward nurse and the psychiatric aides participate in these discussions. These orientation sessions help the patient to understand admission procedures, hospital routines and programs. The patient is given an opportunity to ask questions about his hospitalization and to realize that many employees show an interest in his health and welfare.

COMMUNITY RELATIONSHIPS:

The Health and Welfare agencies of our local communities are becoming cognizant that assisting the recovered patient in the community is a total community responsibility and there has been an ever-increasing degree of co-operation by the public and private community agencies with the Hospital Social Service Department in providing services for the patient returning to the community. To stimulate community efforts a program was initiated to acquaint the community agencies with our hospital program and to establish means of co-ordinating the joint efforts of our hospital and the local agencies in making available to our patients the resources offered in the community. Representatives from Health and Welfare agencies were invited and participated in our Departmental Staff meetings. Members of our Social Service staff were invited to present the hospital program to the personnel of the various community agencies. The State Department of Public Welfare (Maricopa County), Veterans Administration, Vocational Rehabilitation, and the Arizona State Employment Service have a representative of their agency available on a regularly scheduled weekly basis. We have received invaluable assistance from many social agencies and workshops throughout the State.



Social Service personnel meet with representatives of the Navajo Tribal Council to plan Council-Hospital relationships.

OUT-PATIENT SERVICES:

The Out-Patient services of the Social Service Department are being integrated with the services of the Out-Patient Clinic. The Doctor and the Psychiatric Social Worker function as a team with a co-ordinated approach to the patient's total problem. This practice has resulted in an expansion and improvement of social services to the conditionally discharged patient and his family.

GERIATRICS PROGRAM:

During the fiscal year 1956-57 a program was initiated for the return of Geriatric patients to the community. The patients who were selected for this program were no longer in need of psychiatric hospitalization. However, these patients did present social, health, and financial problems which, unsolved, would have prevented their discharge from the hospital. The success of the program is reflected in the low rate of patients returning to the hospital. Of the 80 Geriatric patients placed during the fiscal year 1956-57, only 10 have returned, and of this number three have again left the hospital and are presently adjusting. During the present fiscal year this program was continued with equal emphasis. The graph below summarizes the placements for the fiscal year of 1957-58 showing the patients' length of residence in the hospital, source of financial support, and present place of residence.

SOURCE OF INCOME					PLACEMENT				
1957 - 1958									
<i>Years of Hospitalization</i>	<i>Dept. of Public Welfare</i>	<i>Family</i>	<i>Veterans Administration</i>	<i>Social Security</i>	<i>Nursing Home</i>	<i>Family Home</i>	<i>Boarding Home</i>	<i>Total Placements</i>	<i>Patients Returned</i>
0-1	20	18	7	6	27	9	5	41*	6
1-4	11	13	4	6	11	8	7	26*	—
5-9	6	1	1	—	7	1	—	8	2
10-14	9	3	—	2	11	1	—	12*	—
15-19	1	1	1	—	2	—	1	3	—
20-24	4	1	—	—	5	—	—	5	—
25-29	2	—	—	—	2	—	—	2	—
30-34	3	—	—	—	3	—	—	3	—
35-39	—	—	—	—	—	—	—	—	—
40-44	3	—	—	—	3	—	—	3	—
45-54	1	—	—	—	1	—	—	1	—
TOTAL	60	37	13	14	72	19	13	104*	8

*Indicates that in a total of 20 of the above cases patients received income from a combination of two sources.

Of the total number of 104 patients who left the hospital during the fiscal year 1957-58, only eight were returned. This low rate is indicative of the careful preparation of the patient before leaving the hospital, particularly the long-term patient who has many fears and anxieties concerning readjustment in a new environment.

INTERSTATE CONTACTS:

Residence investigation is a function of the Social Service Department, as well as arranging for the return of non-resident patients to their legal State of residence. The following figures indicate the scope of this activity.

Requests for investigation of Arizona residence received from other States.....	66
Mentally-ill patients with Arizona residence received from other State hospitals.....	14
Non-resident patients returned to their State of legal residence.....	82
Requests to other States for verification of legal residence.....	161

EDUCATION:

The Director of Social Service participated in the training program for psychiatric aides and student nurses; also held a series of training sessions with classes of graduate nurses on the mechanics of group dynamics and techniques of group participation. Social Workers were invited to give lectures and to participate in a number of panel discussions by both professional and lay groups.

Although two additional psychiatric Social Workers joined our Staff, the ratio of patients assigned to the individual Worker has not decreased. Primarily this is due to the ever-increasing number of patients in the hospital who are reaching a degree of recovery and for whom discharge planning becomes an important aspect of their treatment program; also there has been a vast increase in the number of patients on Conditional Discharge status who are in need of supportive counseling. Social Service functions require that the Social Workers devote adequate time to each patient and his family. In view of these developments, it appears evident that additional professional personnel is needed in order to maintain the present level of services, as well as to further improve the quality of service to our patients.

Occupational Therapy Department

The Occupational Therapy Department has made gratifying advances in the total treatment program this year. The addition of Occupational Therapy personnel has been a large contributing factor in the increased patient coverage. The department now has two full time registered therapists and one part time therapist to guide and carry out the treatment program. It has been possible to give more individual attention to the patients and to initiate the all important ward program. This program would have failed without the efforts of the Grey Ladies and our volunteers who have worked closely with us.

While we have made advances we still have much to accomplish. Our ward program is in its infancy and it is our hope to enlarge this program to include the patients in the continued treatment buildings this coming year.

There has been a greater co-ordination with Industrial Therapy in our patient evaluation program and this combined effort has been of benefit to the patients in planning and carrying out our rehabilitation plans. Additional equipment has been purchased to further our usefulness in pre-vocational training so that we may contribute more efficiently in the rehabilitation of our patients.

Members of this department have contributed to the education program of the



Occupational Therapy is taken to the Geriatric Ward Areas to stimulate the older patients.

hospital by giving formal lectures in Occupational Therapy theory to the student nurses and the Psychiatric Aides. The student nurses are given experience in the Occupational Therapy shops and we are attempting a ward training program with the Psychiatric Aides. A program for the three month period in Psychiatric training required of Occupational Therapy students has been approved and plans are progressing favorably toward the day we receive our first student.

STATISTICAL REPORT — 1957-1958

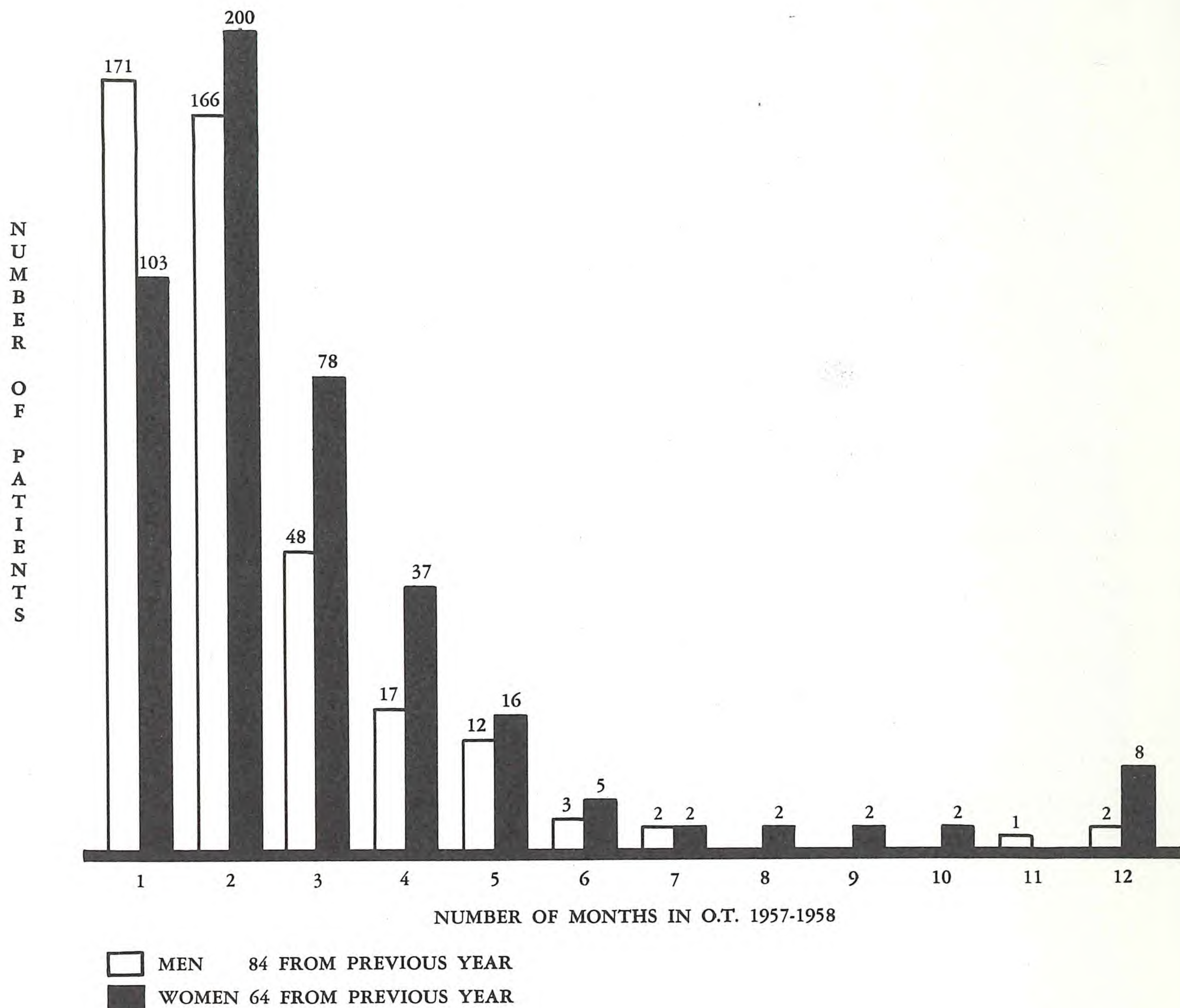
<i>Treatment</i>	<i>Men O.T. East</i>		<i>Women O.T. West</i>	
	<i>Yearly</i>	<i>Average Monthly</i>	<i>Yearly</i>	<i>Average Monthly</i>
Total Number of Prescriptions.....	1057	88	1346	112
Total Number of Treatments.....	9215	767	13954	1162
New Prescriptions	474	40	477	40
Promotion to I.T. and O.T.....	61	5	210	13
Promotion to I.T. full time.....	170	14	197	17
Dispositions while attending O.T.....	161	14	177	15
Refused to attend.....	16	1	19	2
Discontinued due to transfer.....	84	7	46	3
Discontinued, no progress	16	1	6	—
Re-entered from discharge.....	9	—	11	1

WARD PROGRAM

J-7 November 1957	
J-8 February 1958	
Total number of prescriptions.....	238
Total Number of Treatments.....	796

THE COMBINED TOTALS OF SHOPS AND WARDS

Total number of prescriptions.....	2,641
Total number of treatments.....	23,965



Industrial Therapy

The Industrial Therapy program has continued to expand over the past year. The number of patients engaged in Industrial Therapy has increased, the number of patients discharged from the hospital who have been engaged in industry increased from 737 to 916, and the total number of placements made in Industrial Therapy increased from an average of 206 to 263 per month. It has been possible to do more psychological and aptitude testing during the past year.

The program is now on a much more solid basis than previously, due mainly to familiarity throughout the hospital with the aims of Industrial Therapy. Many patients who had not participated previously in industry have been activated. The close communication between Occupational Therapy and Recreational Therapy has continued to exist. During the past year there has been closer communication and cooperation with the Department of Industrial Therapy and Social Service which has been of great assistance in moving patients from the Industrial Therapy program to outside placements and return to the community. The therapeutic value of this program has been stressed constantly and a better understanding of the therapeutic



Patients participating in Industrial Therapy in the Sewing Room.

aims of Industrial Therapy has gradually developed in all areas of the hospital setting. The monthly reports submitted by the various industrial supervisors during the past year give good evidence of a much better feeling for and understanding of the therapeutic needs of the patients.

The Industrial program has shown the need of additional personnel to train and



The Industrial Therapist and Social Service Workers meet with members of the State Employment Service. This community contact aids in the patients' future, when he is ready to leave the Hospital

supervise assigned patients. Some new industrial positions within the hospital have been set up to meet the need of the increasing number of patients available for industrial assignments. More has been done in the submission of written reports from Occupational Therapy setting forth the progress and the needs of the patients as they progress into industry. It has been possible for the Industrial Therapist to do more individual screening, interviewing, and compiling of more informative progress notes for the use of the ward physician, Social Service, Industrial Supervisors, the Vocational Rehabilitation Counselor, and the Arizona State Employment Service. These reports, as well as the reports of psychological testing, have proven most valuable to the Department of Social Service and the agencies involved in placements of patients in the community.

The program of Industrial Therapy has progressed now to the point that it is proving its value financially, economically, and therapeutically. It has, however, reached a level which calls for more expansion. To accomplish this expansion additional personnel in the Department of Industrial Therapy is necessary. It is also necessary to develop new industrial positions to accommodate the greater number of patients now participating in the program. At the present date the majority of the present existing industrial positions are filled beyond capacity, with patients who would benefit from placement in these positions participating in a less desirable therapeutic situation until there is a vacancy in the most suitable placement.

The Industrial program continues to be most gratifying and stimulating. Through expansion there would be an opportunity to open new avenues and to strengthen the old to greater assist our patients toward creative, productive, and independent lives in their respective communities.

STATISTICAL REPORT

	Total For Year	Average Per Month
(1) Average hospital census for year	1603	
(2) Percentage of patients in Industrial Therapy.....	57	
(3) Number of patients discharged.....	916	76.00
(4) Total number of patients who were discontinued from Industrial Therapy for reasons other than discharge and not working at end of the year.....	115	9.60
(5) Average monthly case load.....		214.00
(6) Total number of new assignments.....	980	81.66
(7) Total number of re-assignments.....	2176	181.33
Total placements made (6 & 7).....	3156	263.00

TESTING

	Total Number Tested
Total Patients Tested:	
For Department of Vocational Rehabilitation.....	54
For Department of Psychology.....	19
For Department of Industrial Therapy.....	2
	75
Total number of tests administered.....	142

REFERRALS FROM INDUSTRIAL THERAPY TO
STATE DEPARTMENT OF VOCATIONAL REHABILITATION

Total number of referrals.....	139
Total number in training.....	15
Total number placed in jobs.....	51
Total number in plan development.....	16

Vocational Rehabilitation

The Division of Vocational Rehabilitation is now in its third year as an active participant in the rehabilitation of the patients at the Arizona State Hospital. Basically, Vocational Rehabilitation, in relation to the hospital, functions as an aid in returning the patient to the community as a productive citizen. To accomplish this, Vocational Rehabilitation provides the patient with vocational or academic training as well as additional services when they are needed. Vocational Rehabilitation is instituted early following hospitalization in efforts to sustain the motivational level of the patient. It gives the patient a feeling of structure and purposefulness. The procedure employed in order to attain this goal starts with the referral by the ward physician to the Vocational Rehabilitation Counselor. At this time, the Counselor sees the patient in order to establish rapport, evaluate the patient's intelligence and emotional resources and help the patient crystalize his future goals.

Throughout the counseling process the Counselor confers with the Industrial Therapist. From the Industrial Therapist the Counselor procures an evaluation of the patient's achievements and interests. Progress reports of the patient's industrial assignment at the Hospital are reviewed, and the Counselor and the Industrial Therapist evaluate the patient's reaction to a work situation, his work tolerance, and the satisfactions that the patient must derive from a job situation.

The Vocational Rehabilitation Team reviews patients who are referred for the rehabilitation program. As a result of consultation with each team member, the Counselor has an objective and complete summary of the patient's psychiatric history, intellectual functioning, social, economic and work history. Only through using this data can the Counselor construct a comprehensive program which will permit the patient to reach his vocational adjustment. If a training program is indicated the Counselor makes all the necessary arrangements to procure the required training. In instances where the patient requires no further training, the Selective Placement Technician of the Arizona State Employment Service attempts to locate suitable employment.

During the past fiscal year, 139 patients were referred to the Rehabilitation Team. Of this number, 72 were accepted; 16 of these have received vocational or academic training; 51 patients have been placed in gainful employment in a variety of occupations ranging from unskilled to professional levels. Presently 21 patients, who have been accepted for Vocational Rehabilitation services, are awaiting completion of their vocational plans.

Recreational Therapy

Recreation is usually considered as the antithesis of work, but in addition has become therapeutic when defined as follows: a worthwhile, socially acceptable leisure experience providing immediate and inherent satisfaction to the individual who voluntarily participates in an activity. Recreation should have recognition as not mere ornament or side issue but a necessity for everyone's mental and physical health. Smaller group therapy and individual therapy is provided the acutely ill patients. Socialization and stimulation for the regressed patient is the goal in the continued treatment areas. The Recreation Staff serves as a resource for any ward which wants ideas and equipment for activities and parties.

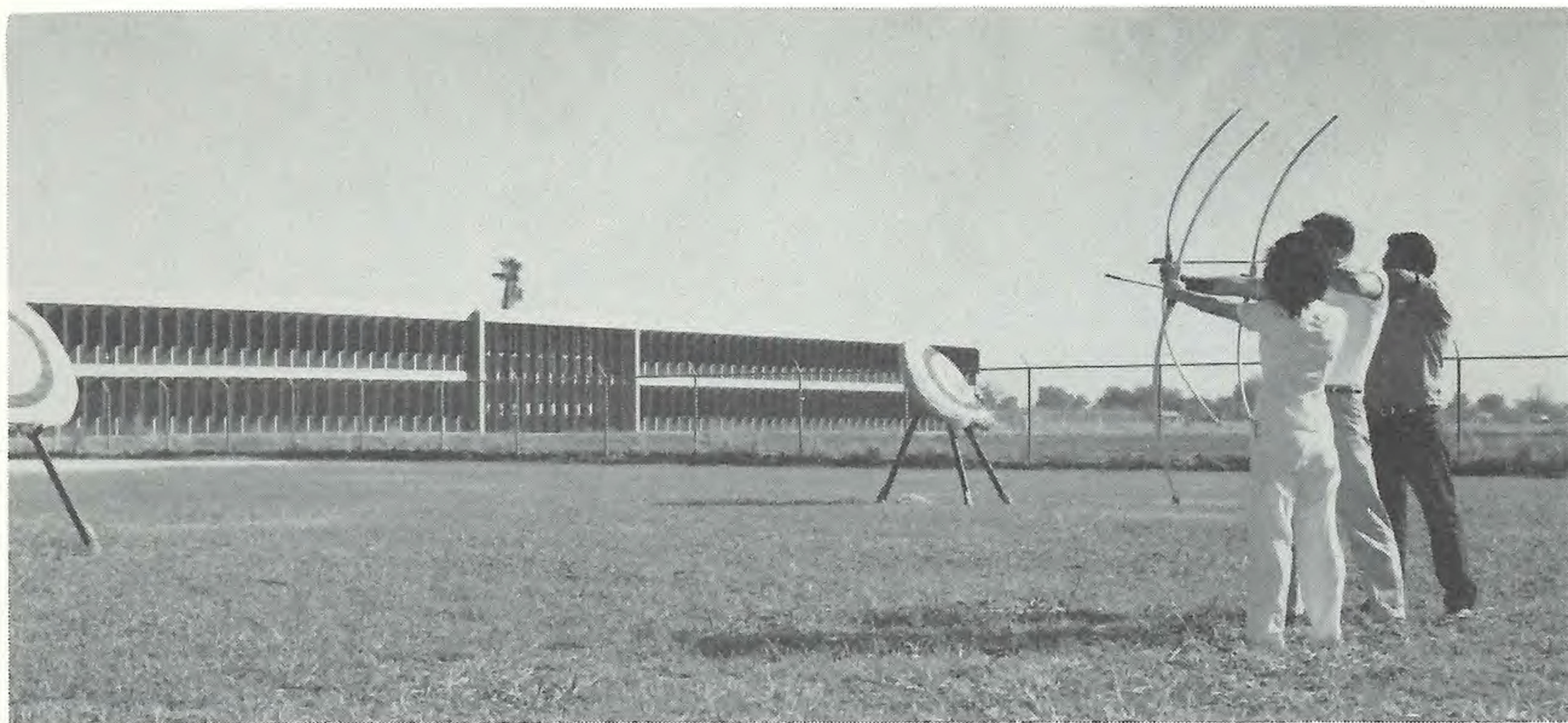


Adding enjoyment and education to patient activities are various sports in Recreational Therapy.

SPECIAL ACTIVITIES

Going along with the open door policy—hundreds of patients were taken on off-ground activities during the fiscal year. Seven hundred and fifty patients attended the State Fair over a period of three days. Two groups of female patients were registered at Phoenix College for a four week course on the Do's and Don'ts of Getting a Job. Many patients attended the season's concert, symphony series and other entertainment throughout the Valley. Our annual picnics for patients on Industrial Therapy were held at Canyon Lake. Here a delightful day was spent in swimming, games, relaxing and last but not least—eating. Sixty-five patients from the Geriatric Wards had the privilege of taking an all day excursion by bus up through Camp Verde, Montezuma Castle, Oak Creek Canyon and Flagstaff.

Recreational responsibilities further included making holidays meaningful by a special Halloween dance and party to which the patients responded with enthusiasm



Recreation in the Arizona sunshine promotes health.

by designing costumes. A Grand March was held with the awarding of prizes followed by refreshments. Our Christmas season started early in December with Volunteers sponsoring ward parties and auditorium programs nightly throughout the month. A formal dance was held on Valentines Day. Over two hundred volunteers provided prizes, entertainment and manned the booths for the annual Carnival which was most successful in spite of the hot weather.

Throughout the warmer months small groups of patients were taken on swimming and fishing parties. Exhibition baseball games were held on the recreation field during the spring months. Three new and popular activities are: a weekly class in Art instruction, a class for everyone interested in the Writing profession, and a class in the art of Fencing. Recreation has responsibility for all social entertainment which is planned so that as many patients as possible participate either in the auditorium or on the various wards.

GERIATRICS

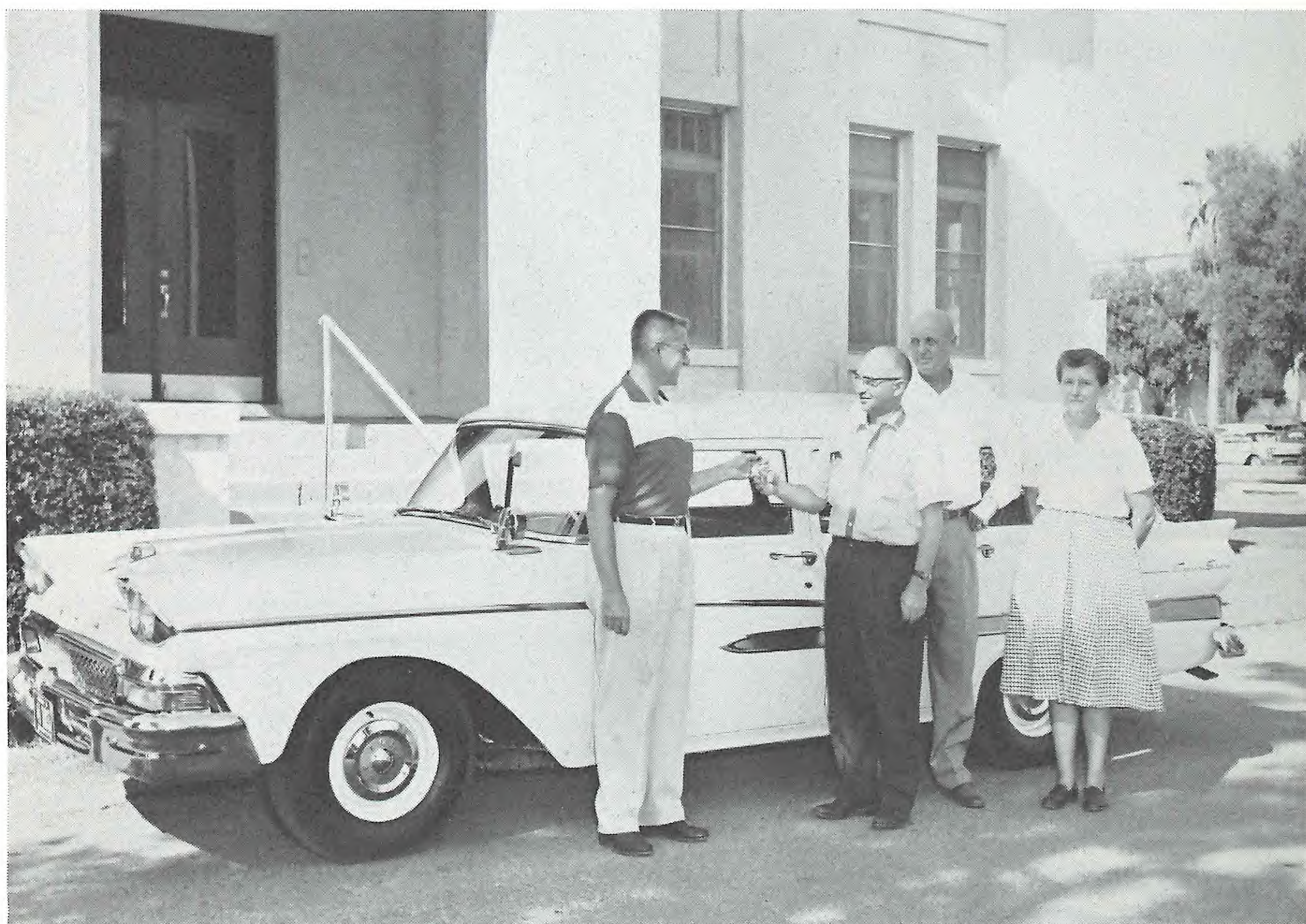
The geriatric population has increased just as it has nationally. The recreational program provides suitable activities within the physical abilities of these patients. This group has their own religious services, movies twice a week, and their own club "The Golden Years" which meets once a week.

VOLUNTEERS

Our volunteer program is steadily on the increase. We cannot begin to give enough thanks and appreciation to all of these various groups and individuals who have given so much of their time, efforts, and talent. We are placing these volunteer groups mostly in the geriatric building and a few of the other wards where patients are not able to get out to activities off the ward. We have set up an "adopt a ward" plan where the same group comes in monthly. By so doing, the volunteers get to know the patients and understand the individual needs. The Recreational Therapy department orients the volunteers and holds workshops so that after a short period of time, the group can operate without the aid of recreational personnel. The duties of the Volunteers are many and to mention a few: taking the geriatric and chronic patients for rides to points of interest in the Valley, walks, engaging them in activities on the ward, shopping for patients, writing letters, sponsoring parties and entertainment, help in all off-ground activities, and bringing a cheerful smile and understanding to the shut-ins.



Volunteer groups entertain patients at many functions.



Carl H. Cole, representing the Employees' Association of AiResearch Manufacturing Company, turns over the keys of a new station wagon to the Hospital Director, Board Chairman and Recreation Director.

PUBLIC RELATIONS

Throughout the fiscal year members of the Recreation department appeared on several radio and TV programs. Many lectures were given to civic groups and organizations to promote better understanding and greater knowledge of mental health and the functions of the hospital. An increased staff is necessary to expand the activities and projected programs so that greater benefit and help can be given to the patients.

Psychology Department

The report of the Psychology Department is for the period from February 10, 1958 through June 30, 1958, as the Director, Ralph T. Hinton, Ph.D., was appointed and came on duty as of February 10, 1958.

1. Number of patients seen for psychological tests.....	117
2. Number of psychological tests given.....	272
3. Number of patients seen in psychotherapy.....	24
4. Number of psychotherapy hours.....	218
5. Number of lectures to student nurses and psychiatric aides	7
6. Number of training periods for graduate students in psychology at Arizona State College.....	9



Directors of Psychology conducting a Rorschach Test.

Physical Therapy Department

Treatments	Hydro East (Male)	Hydro J (Male)	Hydro West (Female)	Hydro J (Female)	Hydro B (Female)	Totals
Sed. tubs	1,714		1,506		1,917	5,137
Sed. packs	3				462	465
Needle spray	1,716				327	2,043
Rain douche					435	435
Sitz baths	31				68	99
Whirl pool	346	202	370	154	59	1,131
Dry pack	23				1	24
Soaks	4		55		198	257
Massage	303	99	523	103	116	1,144
Oil rubs		26	320	135	116	597
Alco. rubs	1,730	126	1,506		2,716	6,078
Infra Red	25	20	13	108	76	242
Ultra Violet		36			130	166
Micro therm	128	20	241		117	506
Exercise	446	135	342	31	22	976
Arm wheel	333					333
Parallel bars	137					137
Bicycle	90		71			161
Gait training	214	5	12			231
Med. treatment	28				205	233
Dressings	32				127	159
Contrast baths	3					3
Hydro exercise	19					19
Crutch training ..	5	14				19
R.D. Test	1					1
Walker training ..	20	21	38			79
Shampoos					61	61
	7,351	704	4,997	531	7,153	20,736
Annual Average Work Load.....				6,912	per Technician	
Monthly Average Work Load.....				1,728		
Monthly Average Work Load				576	per Technician	
Daily Average Work Load.....				26.13	per Technician	

Daily Average Based on 22 Work Days per Month

Dental Department

Examinations	1,129	Partial	1
New patients	935	Adjustments	349
		Plate repairs	40
Treatments:		Extractions	1,103
Post-operative	723	Fillings	101
Pyorrhea	629	Amalgam	42
Operative	13	Porcelain	51
Reduction of dislocated jaw.....	2	Cement	8
General Anesthetic	2		
Prosthesis:		Dental Prophylaxis	376
Dentures		X-rays	68
Upper and lower	18	Follow-up treatment and	
Upper	3	examination	2,335
Lower	2		

X-Ray Department

CHESTS

Patient	1,280
Employees	360
For Ribs	5
Extremities	161
Spines	49
Pneumoencephalograms ..	21
Hips	52
Fractures	96

ABDOMEN

K.U.B.	18
I.V.P.	1
G.B.	9
B.E.	5

G.I.	9
Skulls	191
Pelvis	23
Miscellaneous	33
Hip Pinnings in Surgery..	11
E.K.G.'s	108
<hr/>	
TOTAL EXAMINATIONS	2,432

FILMS USED

14	x	17	1,880	
10	x	12	1,311	
8	x	10	165	
				<u> </u>	3,356

SUN VALLEY NEWS

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All material for the SUN VALLEY NEWS should be handed in by the 20th of each month.

Sun Valley News

Our hospital paper has been reporting the major events of the year to an increasing number of readers.

Community leaders in business and the professions have been invited to write articles on their interest in mental illness.

A new series of articles entitled "Family Corner" has been providing information for patients' relatives so that they might better understand certain hospital procedures.

On October 25, 1957 the Patients' Press Club Room was officially dedicated. A newly-furnished room in the Receiving East Building, it became a center of operations for patients interested in creative writing and the publication of the Press Club supplement to the Sun Valley News.

At the request of ex-patients now residing in rest homes, about 15 rest homes were placed on the mailing list, thus making the NEWS available to about 150 ex-patients.

The present monthly circulation of the NEWS is 3000 copies, which is increased for Mental Health Week and the State Fair.



Here patients, employees and volunteers discuss the Press Club section of the monthly Sun Valley News. Their section is written exclusively by patients.

Pharmacy

Requisitions filled	5,647
Items supplied	35,765
Out-Patient prescriptions	1,465
Manufactured:	
Liquids	886 gallons
Ointments	40 pounds
Powders	174 pounds
Injectable solutions, small volume.....	12,000 cc.

Other Activities:

A substantial expansion of Out-Patient service occurred. Prescriptions for conditionally discharged patients and for those attending the Out-Patient department greatly increased in volume. Also noted is the large number of mailings of drugs to discharged patients who are in nursing homes and continue to require psychotherapeutic drugs.

The Pharmacist presented a paper, "Errors in Medication" at the annual meeting of the Arizona Hospital Association, which later sent copies to all member hospitals. It will be published in the American Hospital Association magazine "Hospitals".

Laboratory

URINALYSIS	1,829	Alkaline Phosphatase	1
HEMATOLOGY		Acid Phosphatase	1
Hemoglobin, Red and White..	1,675	C-Reactive Protein	1
Differential Leukocyte Count..	682	Serum Chloride	7
Sedimentation Rate	46	Blood Serologies	1,520
Platelet Count	63	Protein Fractions	
Bleeding Time	10	by Electrophoresis	1
Coagulation Time	11	SPINAL FLUID TESTS	
Hematocrit	200	Spinal Fluid Sugar	1
Blood Typing		Spinal Fluid Chloride	1
(Group and Rh)	27	Spinal Fluid Globulin	264
Cross Match	60	Spinal Fluid Cell Count	265
BLOOD CHEMISTRIES		Spinal Fluid Total Protein	264
Icterus Index	54	Spinal Fluid Colloidal Gold....	260
Direct Vandenberg	12	Spinal Fluid V.D.R.L.....	260
Indirect Vandenberg	12	SPECIAL TESTS	
Non Protein Nitrogen	75	Frog Test for Pregnancy	3
Blood Sugar	568	Papanicalaou Smear	172
Serum Amylase	1	Antibiotic Sensitivity Test.....	73
Blood Creatinine	1	Cultures	182
Heterophile Antibody Test.....	2	Gram Stain	85
Cholesterol	12	Acid-Fast Stain for Tubercu-	
Blood Uric Acid	3	losis (Sputums and Gastric	
Blood Urea Nitrogen	78	Lavages)	58
Prothrombin Time	16	Gastric Analysis	2
CO ₂ Combining Power	6	Gastric Lavages	15
Blood Ph	2	Milk Coliform Count	554
Cephalin-Cholesterol		Milk Bacterial Plate Count	554
Flocculation Test	4	Milk Phosphatase	
Serum Total Protein	24	Pasteurization Test	277
Serum Albumin	16	Samples Collected for	
Serum Globulin	16	Milk Analysis	277
Albumin/Globulin Ratio	16	Basal Metabolism	10
Bromsulphalein Test	3	Feces Examination	13
Transaminase	6	Wet Mount for Trichomonas..	15
Serum Potassium	1	BIOPSIES	38
Serum Sodium	1	AUTOPSIES	95
Serum Calcium	4	TOTAL PROCEDURES	10,811
Thymol Turbidity	6		

Beauty Shop

Shampoos	4,463	Rinses	4,474
Permanents	242	Braids	63
Finger Waves	4,458	Haircuts	2,545
Manicures	1,443	Oil Treatments	76
		Hair Dressings	4,468

Medical Records Report

	MALE	FEMALE	TOTAL
In Hospital 7-1-57	829	766	1,595
On Conditional Discharge	169	280	449
On Elopement	23	5	28
TOTAL ON BOOKS	1,021	1,051	2,072

ADMISSIONS

First Admissions	362	293	655
Re-admissions	83	61	144
Returned from Conditional Discharge	90	128	218
Returned from Elopement	29	16	45
Observations	28	18	46
Voluntary	39	70	109
TOTAL AMISSIONS	631	585	1,216
Total Patients Treated	1,460	1,351	2,811

SEPARATIONS

Complete Discharges	237	125	362
Conditional Discharges	218	369	587
Eloperments	43	27	70
Deaths	111	73	184
TOTAL DISCHARGES	609	594	1,203

Discharged while on Conditional Discharge	129	191	320
Discharged while on Elopement	17	1	18
Deaths on Conditional Discharge and Elopement....	3	5	8
TOTAL	149	197	346
TOTAL SEPARATIONS	758	791	1,549

In Hospital 6-30-58.....	851	757	1,608
On Conditional Discharge.....	165	326	491
On Elopement	24	15	39
TOTAL ON BOOKS	1,040	1,098	2,138

TOTAL NUMBER OF PATIENTS ADMITTED TO ARIZONA STATE HOSPITAL DURING THE PAST TEN YEARS

	MALE	FEMALE	TOTAL
1948	381	258	639
1949	453	267	720
1950	495	327	822
1951	391	335	726
1952	474	355	829
1953	396	299	695
1954	503	442	945
1955	544	518	1,062
1956	496	524	1,020
1957	631	585	1,216

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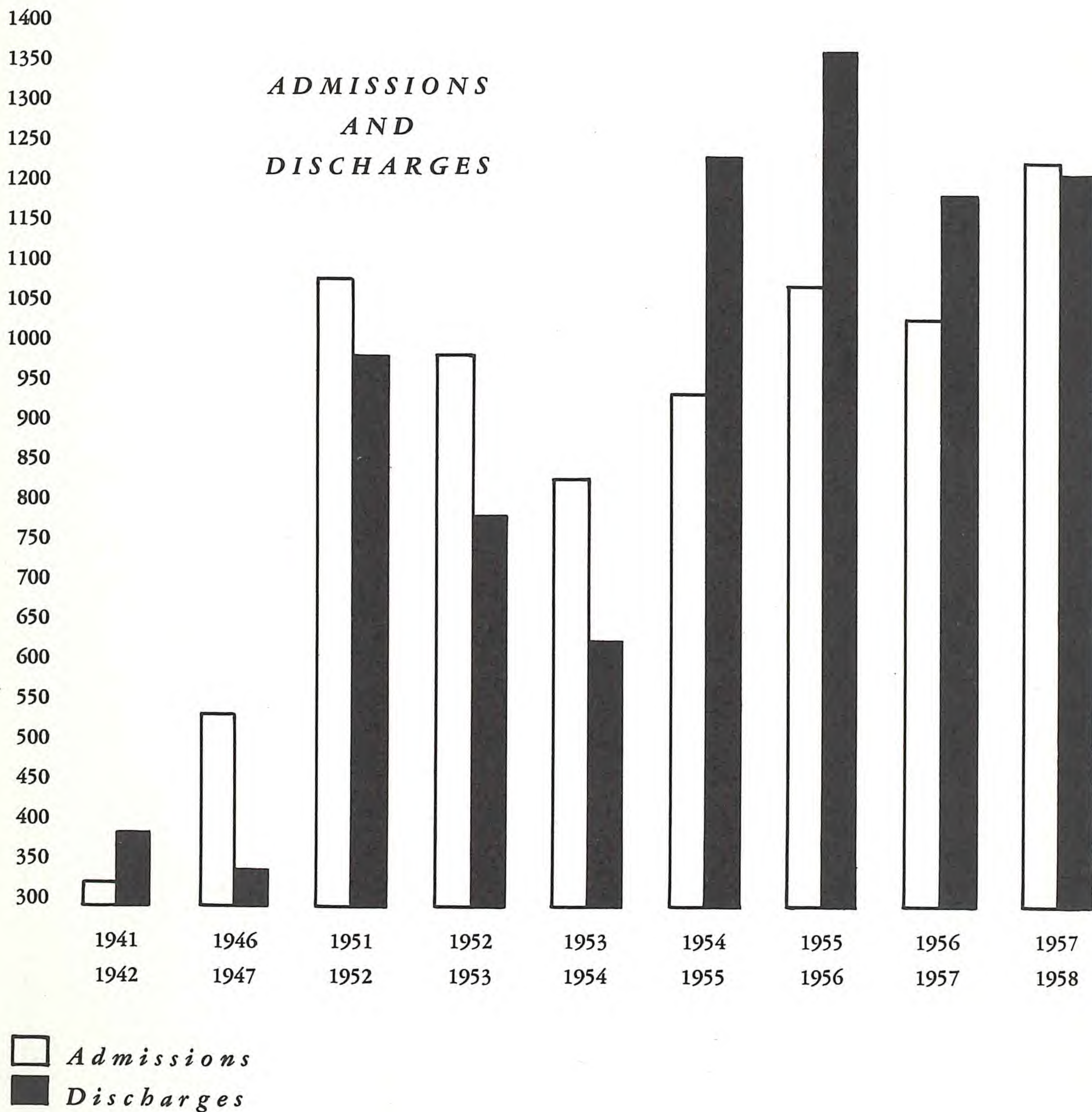
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Mental Diagnosis

FIRST ADMISSIONS
MALE FEMALE TOTAL

ACUTE BRAIN SYNDROMES

Associated with Alcohol Intoxication	25	6	31
Associated with Drug or Poison Intoxication	3	3	6
Associated with Convulsive Disorder	0	1	1
Other Acute Brain Syndromes	7	1	8

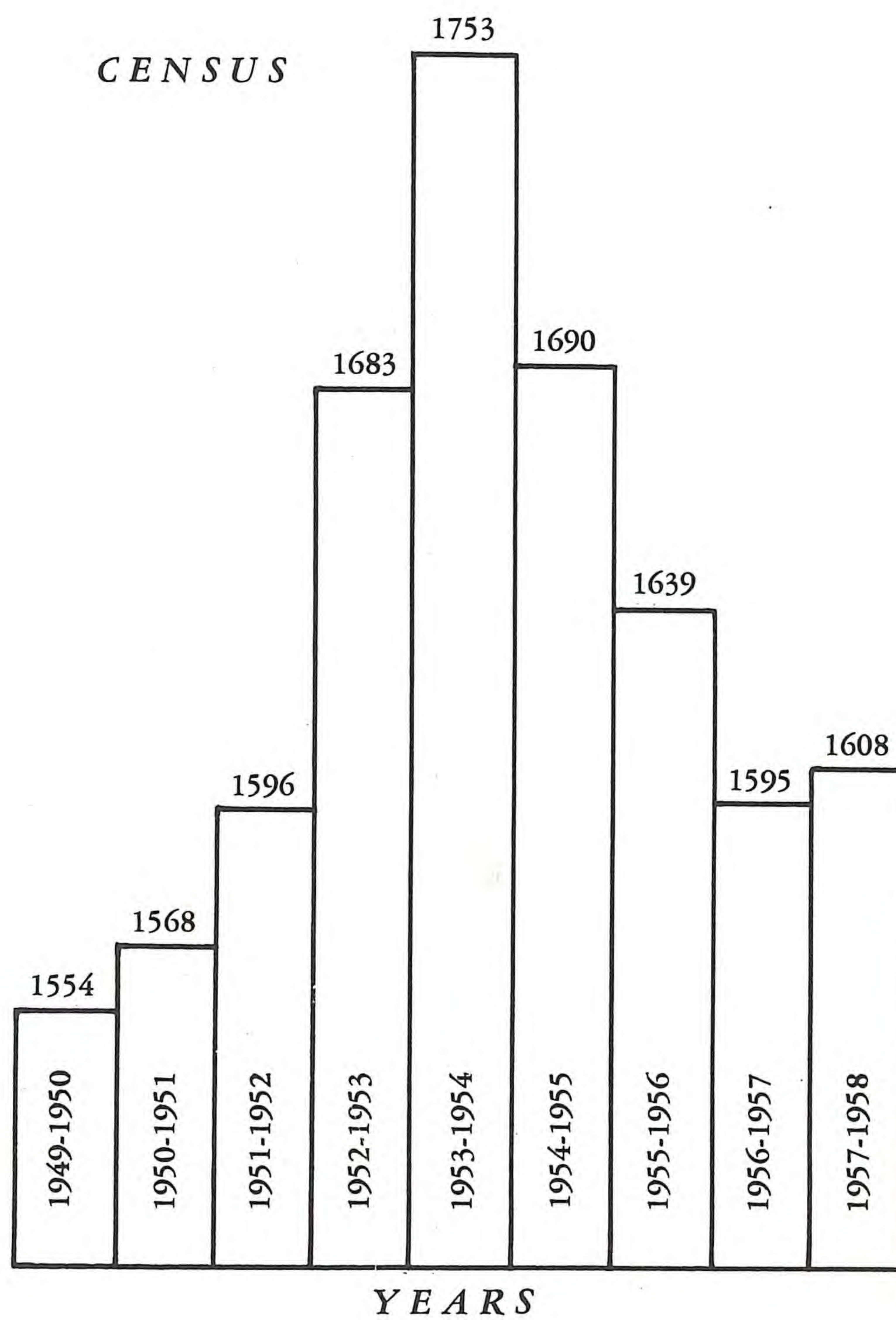
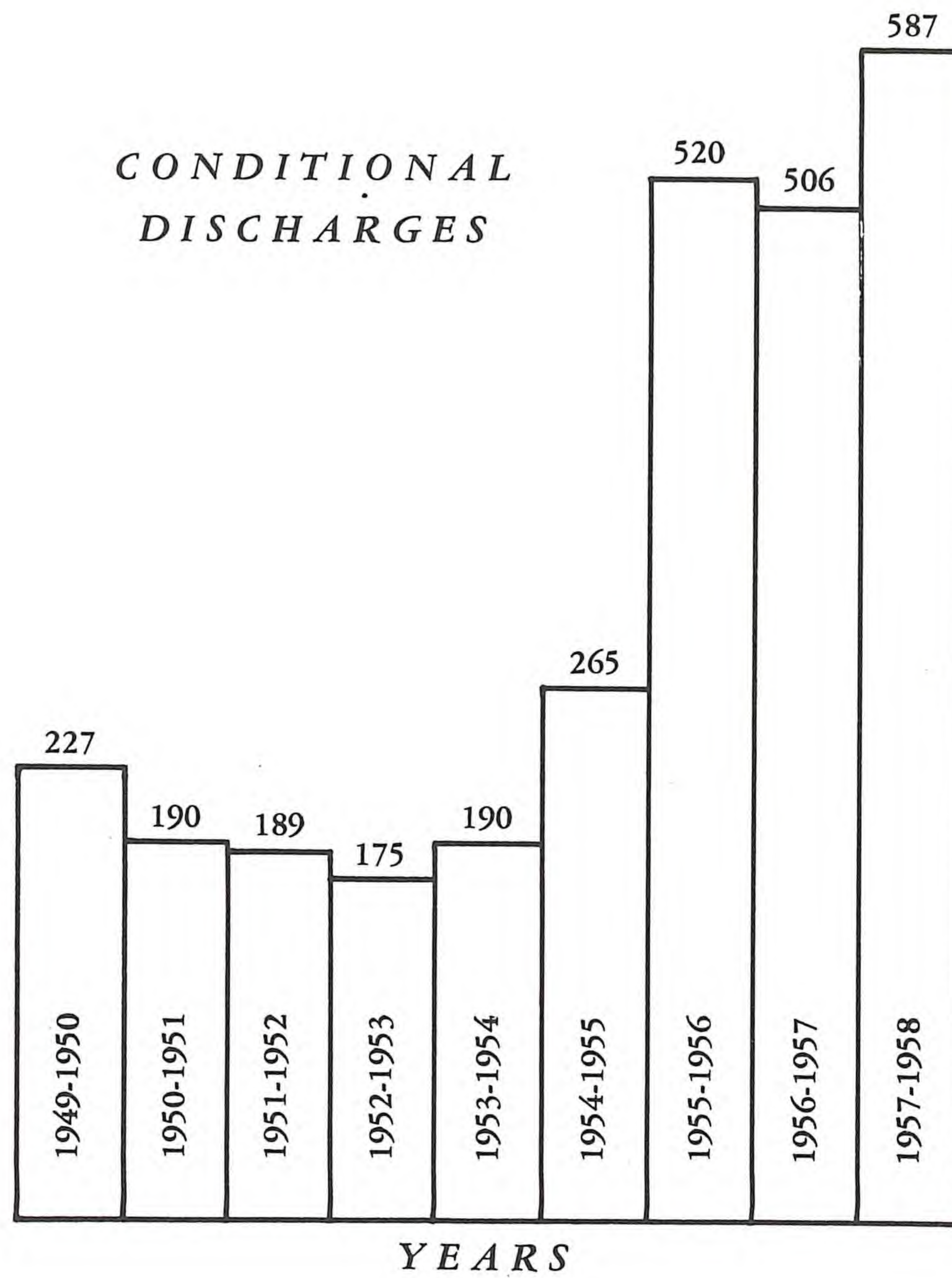
CHRONIC BRAIN SYNDROMES

Diseases, Conditions due to Prenatal Influences	0	1	1
Meningoencephalitic Syphilis	7	1	8
Other Central Nervous System Syphilis	0	1	1
Epidemic Encephalitis	5	1	6
Other Intracranial Infections	0	0	0
Alcohol Intoxication	12	5	17
Drug or Poison Intoxication	0	0	0
Birth Trauma	1	2	3
Other Trauma	8	1	9
Cerebral Arteriosclerosis	49	42	91
Other Circulatory Disturbances	5	11	16
Convulsive Disorder	8	11	19
Senile Brain Disease	47	20	67
Other Disturbances of Metabolism, Growth, Nutrition	0	2	2
Intracranial neoplasm	1	2	3
Disease of Unknown or Uncertain Cause	3	3	6
Chronic Brain Syndrome of Uncertain Cause	7	2	9

PSYCHOTIC DISORDERS

Involutional Psychotic Reaction	12	44	56
Manic Depressive Reaction	10	13	23
Psychotic Depressive Reaction	2	5	7
Schizophrenic Reaction	133	140	273
Paranoid Reactions	2	0	2
Other Psychotic Reactions	0	0	0
Psychophysiologic Autonomic & Visceral Disorders.....	0	0	0
Psychoneurotic Reactions	24	32	56
Personality Pattern Disturbance	13	3	16
Personality Trait Disturbance	21	14	35
Antisocial Reaction	6	1	7
Dyssocial Reaction	0	1	1
Sexual Deviation	0	0	0
Alcoholism, addiction	0	0	0
Drug Addiction	0	0	0
Special Symptom Reaction	1	0	1
Transient Situational Personality	6	1	7
Mental Deficiency	6	8	14
Without Mental Illness	5	2	7
Mental Illness Undiagnosed	0	0	0
TOTAL	429	380	809

RE-ADMISSIONS			DISCHARGES			DEATHS		
MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL	MALE	FEMALE	TOTAL
5	2	7	23	6	29	1	0	1
0	2	2	3	4	7	0	0	0
0	2	2	1	2	2	0	0	0
0	1	1	5	3	8	1	0	1
0	0	0	3	1	4	0	0	0
2	2	4	9	1	10	2	1	3
2	0	2	4	3	7	4	1	5
1	0	1	1	1	2	1	0	1
1	0	1	0	0	0	0	0	0
5	4	9	18	4	22	2	0	2
0	0	0	0	0	0	0	0	0
0	1	1	1	2	3	0	0	0
4	0	4	8	2	10	0	0	0
16	5	21	25	24	49	45	30	75
3	4	7	6	6	12	5	6	11
17	11	28	27	19	46	2	2	4
7	1	8	10	5	15	27	18	45
0	1	1	1	1	2	0	2	2
0	2	2	0	1	1	1	3	4
0	1	1	0	4	4	1	2	3
3	1	4	3	4	7	3	0	3
6	15	21	16	48	64	1	2	3
13	23	36	26	33	59	2	0	2
0	1	1	0	7	7	0	0	0
84	94	178	180	257	437	7	4	11
3	0	3	5	1	6	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
5	14	19	26	41	67	0	2	2
2	0	2	15	3	18	0	0	0
5	9	14	24	20	44	0	0	0
2	1	3	12	0	12	0	0	0
0	0	0	1	1	2	0	0	0
0	0	0	0	0	0	0	0	0
1	3	4	3	3	6	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	0	0	0	0	0	0
0	0	0	8	1	9	0	0	0
13	5	18	27	13	40	6	0	6
1	0	1	7	1	8	0	0	0
1	0	1	0	0	0	0	0	0
202	205	407	498	522	1020	111	73	184



Movement of Patient Population by Counties

COUNTY	RECEIVED	RETURNED FROM CONDITIONAL DISCHARGE AND ELOPEMENT	CONDITIONAL DISCHARGE OR ELOPEMENT	DISCHARGED	EXPIRED
Apache	9	5	8	3	1
Cochise	24	7	25	8	8
Coconino	20	1	8	11	3
Gila	25	5	19	9	4
Graham	12	2	6	2	3
Greenlee	4	1	5	3	2
Maricopa	465	145	351	183	84
Mohave	4	3	6	0	4
Navajo	8	0	9	2	1
Pima	251	61	150	85	44
Pinal	59	14	28	32	8
Santa Cruz	15	2	7	3	5
Yavapai	19	8	21	6	9
Yuma	38	9	15	15	8
TOTALS	953	263	658	362	184



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Report of the Business Manager

Members of the Arizona State Hospital Board
John Sands, Chairman

For many years the annual report has discussed the need for official accreditation. This year, in part, that goal has been realized. After a seventy-one year history, it is now possible to say that official bodies recognize the advances in the programs of this hospital.

Yet, we are, in a real sense, only on probation. Approval by the American Psychiatric Association is for a three-year period; accreditation by the Joint Commission is for one year. It is expected that the hospital will meet standards during that period. There is much to do.

There are three ward buildings decidedly inadequate! There is no building for admission and diagnosis! There is no organized research program! We need 95 additional Registered Nurses; we need 73 additional Psychiatric Aides, and 9 Social Workers!

These needs can be detected by the discerning eye throughout the reports herein. Including administrative adjustments, the Hospital returned to the State general fund \$218,000.00 at the conclusion of the fiscal year. This was largely made possible by an intense effort in the Collection Department, resulting in a record collection of over \$301,000.00. The returned amount could not legally be expended for salaries or buildings.

During the year our cost per patient day rose to \$4.24, an increase of 30¢. Of this amount, 96% went for additional personnel; the balance, less than 3¢ per patient day, went toward increased costs for food, drugs, clothing, utilities, repairs and services.

The hospital treated a total of 2811 in-patients during the year, an increase of 347. This figure should not be confused with the average patient load or the number of admissions; it is the total number of patients *treated in the hospital* in addition to those seen in out-patient clinic. The average cost to serve each of these patients was \$882.54; a reduction of \$67.18 *per patient served*. This supports the fact that increased personnel (which accounts for nearly all of our increased cost during the year) makes it possible to shorten the stay in the hospital, treat more people and reduce the anticipated expenditure for each person sent to the hospital.

The departmental and financial reports that follow will show that the management aim (to increase personnel, while maintaining other costs during the year) was accomplished.

Respectfully submitted,



R. A. Clelland

Business Manager

Business Division Staff

R. A. Clelland.....	Business Manager
Fred T. Loase.....	Business Manager, Assistant
Helen W. Rice.....	Office Manager
Phillip R. Brown.....	Chief Engineer
Pearl Rogers.....	General Services Supervisor
Louise F. Edwards.....	Chief Dietician
Walter Orr.....	Farm Manager
J. B. Richards.....	Supplies Department Manager

Standing Committees

- Procedure Committee
- Safety Committee
- Coordinating (Employees') Committee
- Salvage Committee
- Forms Control Committee
- Purchasing Standards Committee
- Nursing Procedure Committee
- Disaster Relief Planning Committee
- Pharmacy and Therapeutics Committee
- Annual Report Editorial Committee



The Disaster Relief Planning Committee outlines the details for: 1) evacuating any building in an internal hospital emergency, such as fire or explosion, 2) accepting emergency cases in large local or area disasters, 3) evacuation of the entire hospital in a general disaster, in harmony with civil defense procedures.



Teaching schedules, reports and manuals are easily assembled with this collating equipment.



Fireproof storage for Patients' Master Record Cards.

Assistant Business Manager's Report

Purchasing.

Statistical Information.

Purchase Orders Processed.....	4,433
Miscellaneous Encumbrance Requests.....	103
Travel Orders.....	117
Change Orders	295
Time Discounts Taken	\$2,580.47
Trade Discounts Taken	5,827.54



Mr. Fred Loase, Assistant Business Manager.

Purchasing Highlights

The Hospital Business Manager is designated by law as the Official Purchasing Agent, although responsibility and authority for the function of the centralized purchasing department is delegated to the Assistant Business Manager. The Purchasing Department consists of a Purchasing Assistant, Buyer and Purchase Order Clerk. Purchasing personnel is trained in purchasing procedures and their familiarity with procurement sources, prices, availability of supply, transportation, expediting of orders, follow-thru on damaged freight, etc., takes the responsibility of

these functions off the Department Heads, thus allowing these officers to have more time to manage their departments.

Those who are responsible for purchasing are keenly aware of the moral responsibilities to patients under our care as well as to the State. Our primary reason for functioning is to provide food, clothing, shelter, psychiatric and medical service to those who have been committed to our care; thus we are under constant obligation to provide the best care consistent with our financial ability.

Canteen Operation

The Hospital Canteen is maintained primarily for the patients' benefit. Much of the work is performed by patient help. Executive responsibility for the function has been delegated to the Assistant Business Manager. Profits derived from the operation are placed in the "Patients' Entertainment Fund." Benefits for the past fiscal year include the purchase of a movie projector and screen, record player and console piano, as well as trips to ball games, fishing trips, Ice Capades and other places of recreation and amusement.

Canteen cards are given once a month to patients who participate in our industrial therapy program. Patients may also receive canteen cards paid for by relatives, friends or by themselves.

Open ward patients may use the Canteen at any time during Canteen hours and schedules are set up for closed ward patients to visit the Canteen at designated hours.

The Canteen is also open to the general public where they may purchase coffee, sandwiches, soft drinks, newspapers, candy, tobacco and a variety of sundry items. Plans are being made to transfer the Canteen operation to a new location this Fall, where booths will be installed and a more complete luncheonette service will be offered to visitors and employees.

EQUIPMENT AND SUPPLIES PURCHASED
FROM STATE SURPLUS PROPERTY AGENCY.

	Appraised Value	Cost to Hospital
Jeep Trucks-1¼ ton (3).....	\$5,961.00	\$405.00
Ford Truck 1½ ton (1).....	1,151.00	225.00
Chevrolet Sedan (1)	1,151.00	100.00
Donut Machine-Automatic (1).....	4,488.00	224.00
Coffee Urns (6 gal.) (2).....	1,046.00	89.82
Dishwasher-small (1).....	583.00	49.00
Hydraulic Press (1).....	763.50	59.50
Sewing Machine (1).....	271.00	36.00
Lithographic Cabinet (1).....	509.00	34.17
Griddle-table model (1).....	60.92	10.75
Engineering Supplies.....	3,089.37	685.58
Occupational Therapy Supplies.....	830.47	87.81
Miscellaneous Supplies.....	1,059.99	76.44
Total.....	\$20,964.25	\$2,083.97

Patients' Trust Fund

Balance in fund July 1, 1957	\$ 39,679.42
Received	91,974.37
	<hr/>
	\$131,653.79
Paid Out	90,070.57
Balance in fund June 30, 1958.....	<hr/>
	\$ 41,583.22

Expenditure Report

Governmental Code	Collection and Appropriations	Expended	Unused Balance	Reverted to General Fund	Fwd. to 1958-59
1-3-11-000-0100					
Personal Services X	\$1,616,795.00	\$1,605,819.54	\$ 10,975.46	\$ 10,975.46	-0-
1-3-11-000-0200					
Current Expenditures—					
Other X	739,700.00	696,678.66	43,021.34	43,021.34	-0-
1-3-11-000-0300					
Subscriptions and					
Dues X	650.00	649.96	.04	.04	-0-
1-3-11-000-0401					
Travel - State X	3,000.00	1,842.17	1,157.83	1,157.83	-0-
1-3-11-000-0402					
Travel - Out of State—					
Other X	300.00	223.81	76.19	76.19	-0-
1-3-11-000-0404					
Travel - Out of State—					
Return of Patients X	6,200.00	4,062.28	2,137.72	2,137.72	-0-
1-3-11-000-0800*					
Special Operating	301,702.16	147,700.17	154,001.99	154,001.99	-0-
1-3-11-000-0900					
Current Fixed Charges—					
Other X	2,550.00	1,168.93	1,381.07	1,381.07	-0-
1-3-11-000-1000					
Professional Fees X	4,000.00	1,958.87	2,041.13	2,041.13	-0-
1-3-11-000-1100					
Care of Institutional					
Patients X	20,000.00	19,915.64	84.36	84.36	-0-
1-3-11-000-1200					
Discharge Money X	200.00	162.00	38.00	38.00	-0-
1-3-11-000-1300					
Revolving Account X	2,500.00	-0-	2,500.00	2,500.00	-0-
1-3-11-000-0501					
Capital Outlay—					
Equipment X	50,000.00	50,000.00	-0-	-0-	-0-
1-3-11-000-0502					
Capital Outlay—					
Bldg. & Impr. X	25,000.00	25,000.00	-0-	-0-	-0-
1-3-11-000-0504					
Capital Outlay—					
Const. & Equip.	244,120.15	244,120.15	-0-	-0-	-0-
1-3-11-000-0516					
Capital Outlay—					
Remodeling Bldg.-F					
& Air Conditioning....	340,000.00	215,623.53	124,376.47	-0-	124,376.47
2-3-11-000-0700					
Endowment Earnings	52,803.24	10,975.16	41,828.08	-0-	41,828.08
Total Available					
for Expenditures	\$3,409,520.55				
Total Expended		\$3,025,900.87			
Balance June 30, 1958.....			\$383,619.68		
Revert to General Fund				\$217,415.13	
Balance Fwd. 1958-1959					\$166,204.55

*Maintenance Collections



Mrs. Helen W. Rice, Office Manager.

Maintenance Collection

That the Laws of Arizona provide that payment be made for care and maintenance of patients in this hospital is not generally known. Because this hospital is operated on appropriated funds, a good many citizens are under the impression that no payment is required of patients who are treated here.

Three employees in the Business Office Section devote a portion of their time to the collection function. Pursuant to the requirements of Arizona Statute, this team of three maintains an intensive review of the assets of all patients and a continuing effort to make collection on the basis of the individual's ability to pay.

The increase from the total of \$110,743.30 collected in 1951-1952 to this year's total collection of \$301,702.16, as shown in the following tabulation, reflects the efforts of the collection team over that period.

1951-1952	\$110,743.30
1952-1953	132,918.47
1953-1954	194,629.46
1954-1955	204,855.86
1955-1956	203,368.68
1956-1957	226,289.33
1957-1958	301,702.16

The total for 1957-1958 was collected from the following sources:

Court Ordered and Agreed Payments.....	\$153,788.80
County Payments for Hold Order Patients	20,521.26
County Payments for Minor Patients.....	2,491.96
Social Security Administration Payments.....	22,536.26
Railroad Retirement & Insurance Payments....	2,401.96
Veterans Administration Payments.....	9,463.77
Federal Government for Indian Wards.....	90,498.15

Budget for Year 1958-1959

FUNDS

Appropriations:	Current Expenditures	Capital Outlay	Personal Services
Personal Services			\$1,691,795.00
Current Expenditures — Other	458,500.00		
Food	300,000.00		
Subscriptions and Organization Dues	650.00		
Travel — State	3,000.00		
Travel — Out of State (Other)	500.00		
Travel—Out of State (Return of Patients)	4,000.00		
Current Fixed Charges — Other	4,712.00		
Professional Fees	4,000.00		
Care of Institutional Patients — Outside Services	20,000.00		
Discharge Fees — Patients	200.00		
Revolving Account	2,500.00		
Capital Outlay — Equipment		\$ 47,410.00	
Capital Outlay — Bldgs. & Improvements		23,000.00	
Capital Outlay — Livestock		150.00	
Balances Forward from 1957-1958:			
Capital Outlay (Bal. Fwd. for Un-Completed Remodeling)		124,376.47	
Endowment Earnings		41,828.08	
Anticipated Collections and Earnings:			
Endowment Earnings		30,000.00	
Special Operating (Maintenance Collections)	250,000.00		
Totals	\$1,048,062.00	\$266,764.55	\$1,691,795.00
Total Budget for Year 1958-1959.....			\$3,006,621.55

Classification of Expenditures

Object Code		Amounts
110	Personal Services	\$1,605,819.54
211	Postage	2,567.37
212	Telephone and Telegrams	13,609.30
215	Heat, Light, Power and Water Service.....	111,939.38
220	Travel — State	1,842.17
230	Travel — Out of State	7,799.83
240	Professional Fees	5,599.01
261	Maintenance of Buildings and Grounds.....	45,369.40
262	Maintenance of Equipment	12,448.11
270	Care of Institutional Patients — Outside Services	33,801.70
290	Other Contractual Services	9,759.28
310	Office Supplies	19,946.90
321	Food	246,578.49
390	Other Supplies, Materials and Parts	289,728.87
350	Vehicle Supplies	10,496.39
370	Construction and Maintenance Supplies	56,462.05
411	Office Equipment Rentals	294.05
412	Other Equipment Rentals	451.20
417	Other Rentals	2,448.12
421	Bonds for Officials and Employees	158.68
430	Subscriptions and Organization Dues	2,661.40
450	Discharge Money — Institutional Patients	162.00
931	Maintenance Collection Refunds	238.79
610	Equipment	57,964.81
622	Building Improvements	487,754.03
	Total	\$3,025,900.87

Patients' Entertainment Fund

A.	Total Receipts	\$38,779.07	
	Total Expenditures	36,886.34	
	Net Cash Difference	\$ 1,892.73	
B.	Beginning Inventory	1,518.25	
	Closing Inventory	1,693.32	
	Inventory Gain	175.07	
C.	Receipts Itemized:		
	Cash Sales	18,091.60	
	Canteen Cards Purchased by Individuals	10,157.72	
	Canteen Cards Purchased by State	9,771.00	
	Donations	758.75	
		38,779.07	
	Inventory Gain	175.07	
		38,954.14	
D.	Expenditures:		Direct Expense
	Merchandise Purchased	30,195.42	\$30,195.42
	Canteen Cards Refunded	423.22	423.22
	Salaries, Canteen Operators	3,149.18	3,149.18
	Federal Withholding Tax	430.60	430.60
	Rental, Vending Machines	265.50	265.50
	Miscellaneous Expense	177.48	177.48
	Patient Canteen Helpers	112.50	
	Patient Hospital Helpers	240.00	
	Purchases for Patient Entertainment (Listed, Item G)....	1,892.44	
		36,886.34	34,641.40
E.	Profit or Loss:		
	Receipts and Inventory Gain	38,954.14	
	Direct Expense	34,641.40	
	Actual Net Profit	4,312.74	
F.	Bank Balance 7-1-58	8,908.66	
	Deposits	38,779.07	
		47,687.73	
	Checks Written	37,419.08	
		10,268.65	
	Bank Balance 6-30-58	48.22	
	Cash on Hand	94.82	
	Revolving Fund Check	21.00	
	Loaned for Change	369.00	
	Loaned for Travel		
	Balance 6-30-58	\$10,801.69	
G.	Purchases for Patient Entertainment:		
	Outings	\$ 35.00	
	Records	15.00	
	Watch Repair for Patient Helpers	40.00	
	Show Tickets	86.30	
	Enlarger Lens for Occupational Therapy	278.25	
	Guitars	30.00	
	Patients' Trip to State Fair	582.00	
	Movie Lens (Cinemascope)	85.61	
	Phonograph	112.24	
	Piano	538.13	
	Piano Tuning and Drayage	52.50	
	Tennis Net	37.41	
		\$ 1,892.44	

Farm Production and Operation Report

PRODUCTION, Consumed by Dietary Service

	Units Delivered	Units	Unit Price	Total Value	Totals
Garden Produce					
Beets	20,992	Lbs.	.03	\$ 640.96	
Beet Greens	11,525	Lbs.	.02	230.50	
Broccoli	1,530	Lbs.	.05	76.50	
Cabbage	22,625	Lbs.	.02	452.50	
Cantaloupes	6,302	Lbs.	.02	126.04	
Carrots	56,868	Lbs.	.02	1,590.55	
Cauliflower	2,156	Lbs.	.05	107.80	
Corn, Ears	1,235	Doz.	.35	432.25	
Cucumbers	1,334	Lbs.	.04	53.36	
Lettuce	11,674	Lbs.	.05	583.70	
Melons, Casaba	2,838	Lbs.	.02	56.76	
Melons, Honeydew	4,640	Lbs.	.02	92.80	
Onions, Dry	33,839	Lbs.	.019	654.54	
Onions, Green	10,982	Lbs.	.04	439.28	
Parsley	172	Lbs.	.03	5.16	
Potatoes, Sweet	39,978	Lbs.	.03	1,199.34	
Radishes	2,833	Lbs.	.02	60.50	
Rutabaga	10,492	Lbs.	.02	209.84	
Spinach	6,448	Lbs.	.06	386.88	
Squash, Summer	13,534	Lbs.	.04	606.54	
Squash, Acorn	4,189	Lbs.	.03	125.67	
Tomatoes	55,774	Lbs.	.04	2,230.96	
Turnips	25,031	Lbs.	.02	500.62	
Turnip Greens	10,668	Lbs.	.02	213.36	
Watermelons	12,000	Lbs.	.02	240.00	
Total Value of Garden Produce					\$ 11,316.41
Dairy Products:					
Milk, Whole	122,819	Gals.	.502	61,694.88	
Beef, Live Weight (61 animals butch'd)	33,401	Lbs.	.344	11,479.01	
Total Dairy Products.....					73,173.89
Poultry:					
Chickens, Dressed					
Live Weight					
(2,208 butch'd) ..	8,591	Lbs.	.279	2,400.04	
Turkeys, Dressed					
Live Weight					
(1,409 butch'd) ..	24,640	Lbs.	.211	5,209.79	
Eggs, Hen	56,335	Doz.	.396	22,324.98	
Eggs, Turkey	150	Doz.	.760	114.00	
Total Poultry Products.....					30,048.81
Total Food to Dietary Service.....					\$114,539.11



Farm Manager and Poultryman examining early pullet production.

PRODUCTION, Harvested for consumption by our livestock*

*Most of these products were consumed by livestock during the fiscal year. The barley harvest will be consumed during the forthcoming year. The value of the products listed here is not added to the Farm net profits, as is done in some other State Hospital reports. To do so is inaccurate since these products are consumed on the premises and reduce the cash operating Farm costs, thus increasing the net operating profit.

Product	Units Delivered	Units	Unit Price	Total Value	Totals
Barley	102.895	Ton	\$45.000	\$ 4,630.28	
Barley Straw	10.000	Ton	10.000	100.00	
Alfalfa Hay	960.500	Ton	35.000	33,617.50	
Ensilage	700.000	Ton	8.000	5,600.00	
Milk, fed to calves ..	12,862.000	Gals.	.502	6,456.72	
Milk, fed to poultry	1,114.000	Gals.	.502	559.23	-0-

OPERATING EXPENSES

Contractual Services:		
Telephones	309.71	
Electricity	1,740.07	
Irrigation Water	5,343.62	
Veterinary Services	890.75	
Cow Testing	406.22	
Spraying of Ditches	114.50	
Hoof & Flank Trimming	115.00	
Fertilizer Spreading, Grain Hauling & Cutting....	2,048.69	
		\$ 10,968.56
Supplies, Materials and Parts:		
Dairy Feed & Vaccines	17,518.93	
Dairy Supplies, Other	1,269.87	
Poultry Feed	23,287.60	
Poultry Supplies, Other	1,234.57	
Baby Chicks & Turkeys	1,693.47	
Agricultural Supplies	2,305.97	
Insecticides	2,674.20	
Seeds	1,218.04	
Fuel and Lubricants	2,002.89	
		53,205.54
Personal Services (Farm Salaries)		36,560.27
Total Operating Expenses		\$100,734.37
Total Value of Farm Products		\$114,539.11
Total Cost of Farm Operation.....		100,734.37
Net Profit		\$ 13,804.74

Farm Barley Harvest

Barley in Storage July 1, 1957.....	209,700 lbs.
Barley Harvested June 5, 1958.....	205,790 lbs.
	415,490 lbs.
Barley Used During Fiscal Year in Dairy Mix	221,641 lbs.
Barley in Storage July 1, 1958 for Use in 1958-1959.....	193,849 lbs.

The Hospital Farm barley harvest is delivered to a processing company in June. Then, throughout the fiscal year, it is returned to the farm (upon order) mixed with other ingredients in accordance with a prescribed formula.

Livestock Report

Cattle and Poultry	Inventory July 1, 1957	Increase		Decrease			Inventory June 30, 1958
		Maturity or Birth	Purchases	Maturity to Cows	Death	Butchered	
Cows	129	14			4	17	122
Heifers & Calves	127	117		14	15	42	173
Bulls	5		2			2	5
Chickens	4,589		3,600		694	2,208	5,287
Turkeys	1,533	1,990	20		363	1,409	1,771

Inventory of Supplies at Conclusion of Fiscal Year

Supplies Department:

Beauty Shop Supplies	\$ 238.00
Central Service	6,067.37
Clothing	64,145.21
Food	28,950.34
General Supplies	17,431.92
Office Supplies	5,711.17
	<hr/>
	\$122,544.01

Estimated value of clothing made in the sewing room and returned to Supplies Department stock. (Previously inventoried as yard goods, thread, etc.)

10,528.74

\$133,072.75

Pharmacy:

Unopened drugs in Pharmacy Warehouse.....

13,670.53

Engineering Services:

Supplies and parts in Warehouse

32,680.00

\$179,423.28

Dietary Department

The report of the re-inspection of the hospital by the Inspection Board of the American Psychiatric Association, which resulted in conditional approval, was complimentary of the Dietary Department. It was gratifying to have the Board recognize the improvement in the use of space in dietary facilities and that menus are "carefully set up—with special diets for the sick and the aged being served." Subsequent to this survey the department made an additional improvement with the hiring of a fourth registered dietician.

Technological improvements have been made. Outlying functions are now connected to the main dietary office by an "Amplical" system. A large doughnut machine now permits the serving of doughnuts to all patients and all employees at any given meal. A new pot and pan washing machine and a new large model dishwashing machine have been installed in the Main Cafeteria Building. The



Mrs. Louise Edwards, Chief Dietician

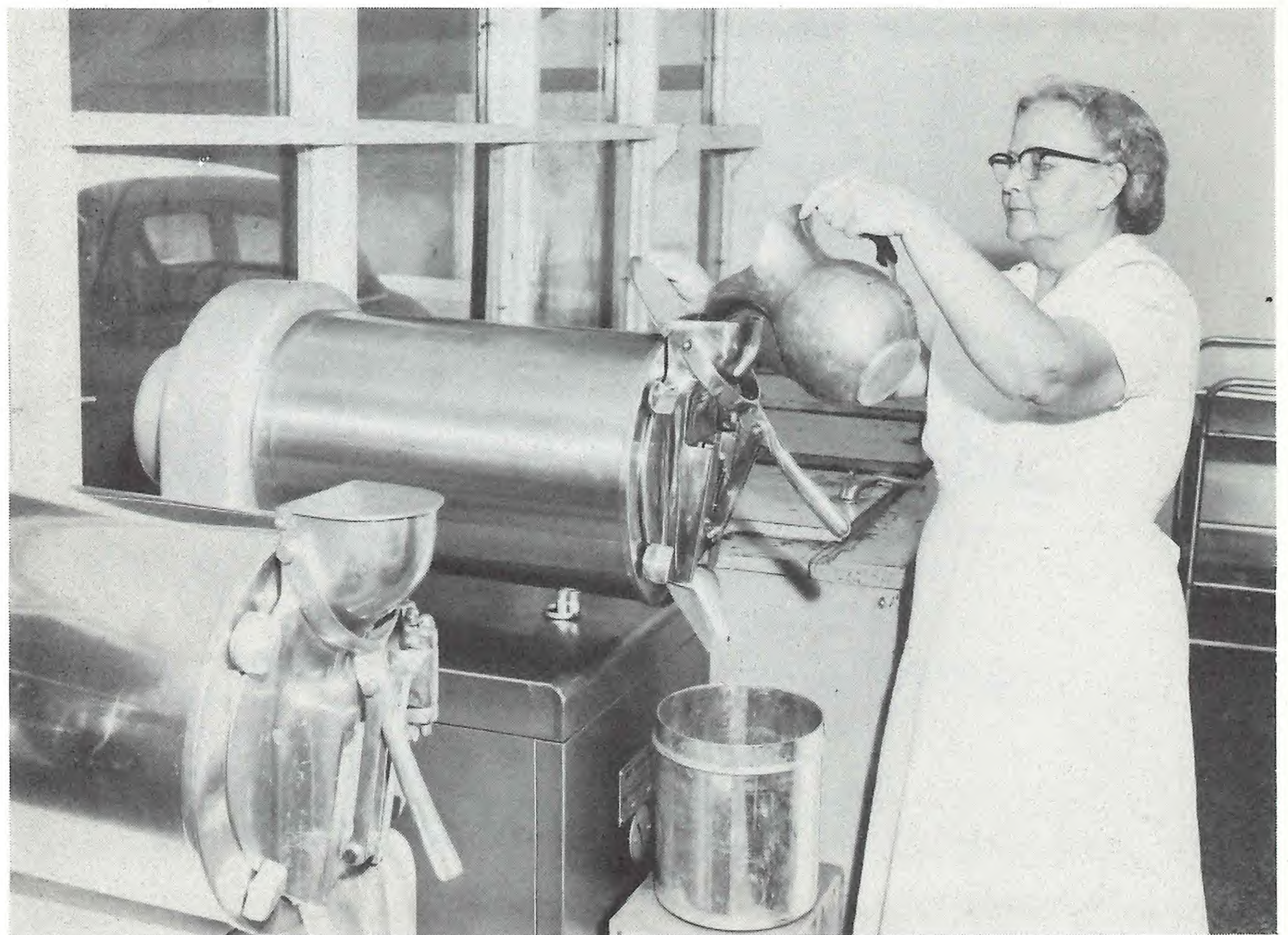


Dietary and Purchasing personnel on the Food Standards Committee inspect samples for purity, taste, density, color and uniformity, as well as price, to determine best food buys.

installation of a number of new fly control fans has practically eliminated the fly problem in the Main Cafeteria.

The new kitchen area in the remodeled "F" Building is the current pride and joy of the Department. It boasts a modern stainless steel interior.

I ANALYSIS OF MEALS SERVED	
A. Total Number of Meals	
1. Number of Meals Served Patients:	
a. House Diet Patients	1,246,259
b. Special Diet Patients	505,367
2. Number of Meals Served Employees.....	122,702
3. Number of Meals Served Guests, Prospective Employees and Voluntary Workers	4,967
4. Number of Meals Served Student Nurses.....	7,303
Total Number of Meals Served by Dietary Service.....	1,886,598
B. Raw Food Charges (Requisitioned by Dietary Service):	
1. Cost of Food from Storeroom and Farm	\$235,833.35
2. Cost of Bread Delivered on Contract	12,739.34
3. Cost of Milk Produced by Farm	
116,602¾ Gallons @ 50c per Gallon.....	58,433.86
Total Cost of Raw Food.....	\$307,006.55
C. Total Cost of Food Per Meal (Approx. 16¼c per Meal).....	.163
II TOTAL COST OF FOOD FOR SUPPLEMENTARY FEEDING ON WARDS	\$ 4,609.14
III TOTAL RESIDENT EMPLOYEE SUBSISTENCE PROVIDED.....	\$ 28,738.77



Testing new ice cream freezer.

Food Purchased, Produced and Donated

PURCHASED PROVISIONS

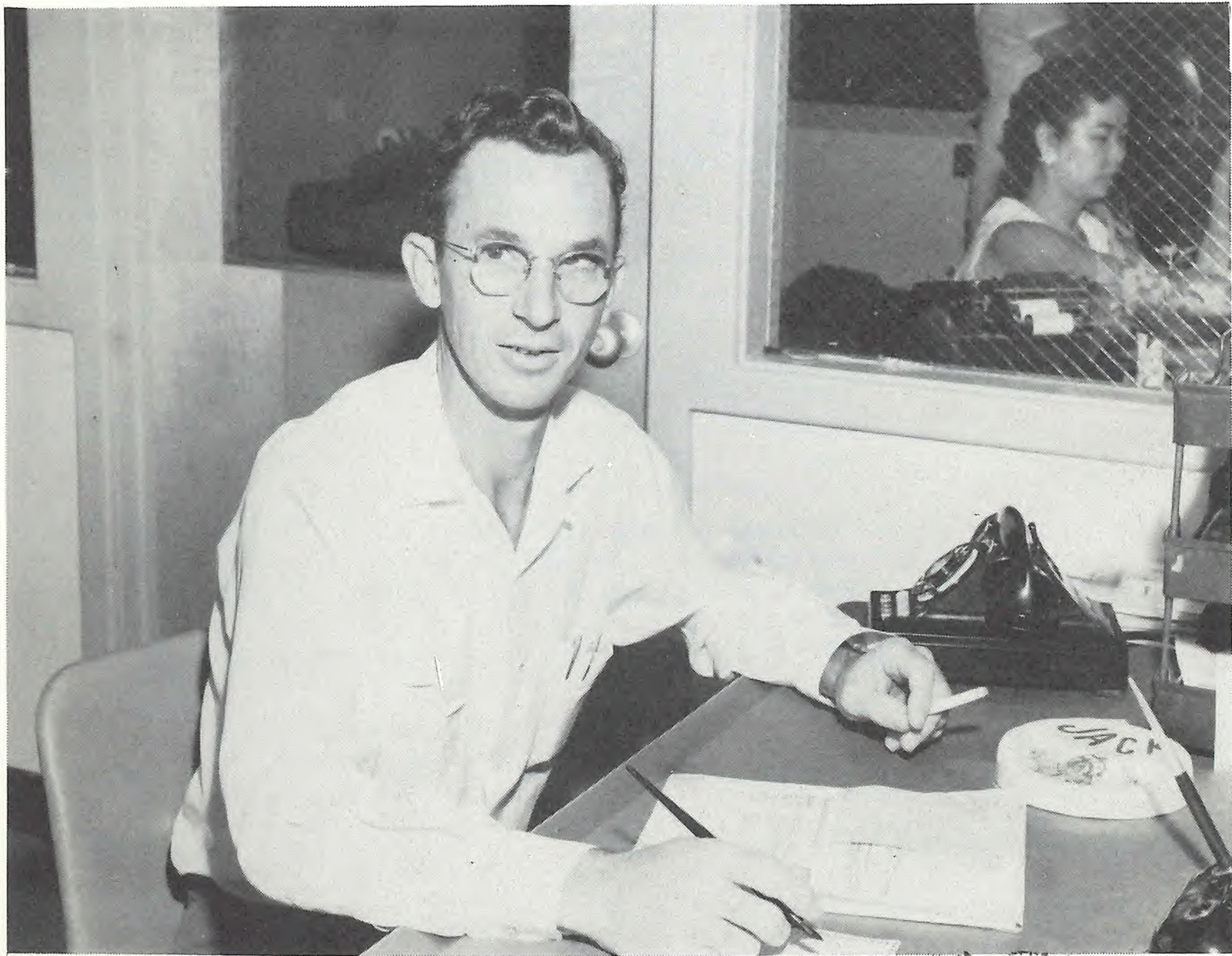
Meat, Fish and Dairy Products	\$ 94,367.41	
Fresh Produce	14,482.16	
Groceries — Staples	137,728.92	
		<u>\$246,578.49</u>

FARM PRODUCTION

Meat and Dairy Products	\$103,222.70	
Fresh Produce	11,316.41	
		<u>114,539.11</u>

GOVERNMENT SURPLUS PRODUCTS

Butter	25,920 Pounds	
Cheese, Processed	8,448 Pounds	
Cheese, Cheddar	3,096 Pounds	
Corn Meal	20,800 Pounds	
Dried Milk	191 Cases	
Flour	76,800 Pounds	
Rice	4,200 Pounds	
Total Handling Cost	\$ 1,314.00	
Wholesale Value	\$27,280.15	27,280.15
		<u>388,397.75</u>
Total		



Mr. Jack Richards, Supplies Department Manager.

PERCENTAGE OF PRODUCTION TO TOTAL

Purchased Provisions	63.49%
Farm Production	29.49%
Government Donated	7.02%
Total	100.00%

COST OF PATIENT MAINTENANCE

Average Daily Patient Load.....	1,603
Cost Per Patient Day	\$4.24

Transfer of Non-Resident Patients to Other States

Arkansas	4	New Mexico	1
California	19	New York	1
Connecticut	1	North Carolina	1
Georgia	1	Ohio	5
Kansas	1	Oklahoma	2
Kentucky	1	Texas	3
Illinois	3	Utah	2
Indiana	2	Virginia	1
Michigan	1	Wisconsin	2
Missouri	2	Wyoming	1
Nebraska	1	Total.....	55

Total Number of Miles Traveled	42,419
Car Depreciation	\$ 411.00
Servicing of Car in Hospital Garage.....	164.00
Gas, Oil and Car Expense Enroute	1,305.45
Lodging	889.29
Meals	1,659.13
Salaries (Two Employees)	2,592.27
Medication	82.40
Common Carrier Tickets and Taxis	208.41
Total	\$7,311.95
Average Per Patient Cost	\$ 132.94

During the fiscal year the cost to house and treat each patient was \$1,547.09. It would have cost the State of Arizona \$85,089.90 for each year these 55 patients remained in the Arizona State Hospital had they not been deported. An increase in deportation costs per patient is noted this year against last; it reflects an increase in the cost of food and lodging enroute and the fact that patients deported this year were generally deported greater distances.

General Services Department

HOUSEKEEPING SECTION:

The Housekeeping Section is assigned to serve selected offices and is charged with keeping buildings clean and orderly. General ward cleaning is done by Nursing Personnel with patient help. Housekeeping tests new cleaning products, methods



Mrs. Pearl Rogers, Supervisor of General Services

and equipment. From this assignment there may arise changes in standards for cleaning. These methods are demonstrated in training classes. This year a Standard Housekeeping Manual has been compiled for use throughout the Hospital, showing proper methods, material and equipment for all cleaning operations.

LAUNDRY PRODUCTION:

Item	No. Processed
Sheets	452,134
Pillow Cases	98,919
Bed Spreads	15,238
Blankets	3,520
Kitchen Aprons	26,155
Tea Towels	60,057
Linens and Clothing Mended	16,235
Total Number of Pounds Processed	2,010,972

MATTRESS FACTORY PRODUCTION:

Mattresses Manufactured:	
Felt Filled	
A.C.A. Covered	28
Plastic Covered	86
Rubberized Curled Hair Filled	
A.C.A. Covered	214
Plastic Covered	313
Total	641

Hollywood Beds Manufactured:

A.C.A. Covered Box Springs	125
Plastic Covered Box Springs	66
Innersprings	14
Total	<u>205</u>

MISCELLANEOUS MANUFACTURE AND REPAIR:

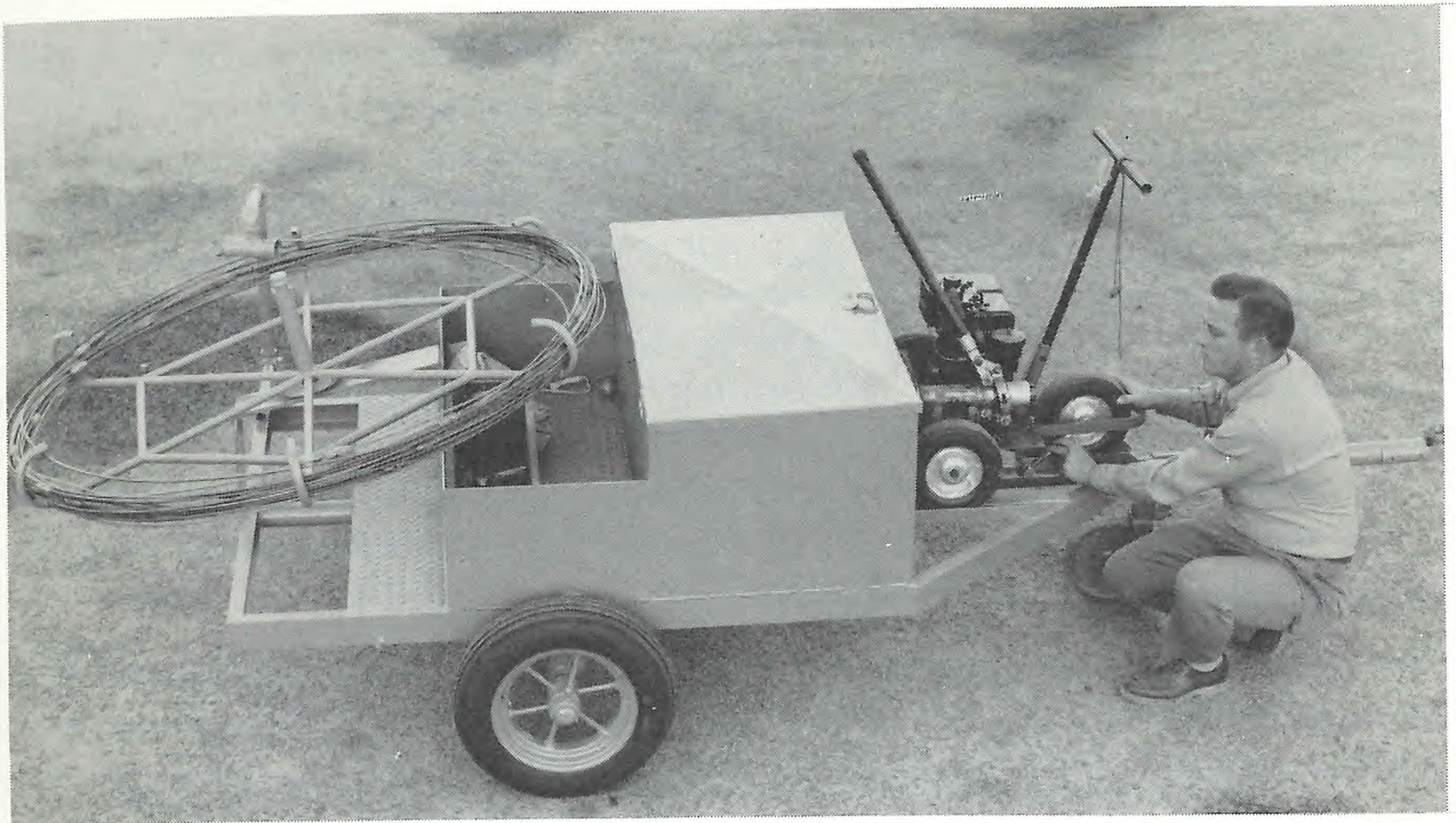
Chair Backs	11
Chair Seats	11
Cushions	31
Pillows	164
Tumbling Pads	3
Cushions, Spring Filled	23
Pads, Special	3
Settee	1
Chaise Lounge	1
Yard Swing	1
Posture Chair	1

Engineering Services

Engineering is proud of its participation when frequently visitors and friends and relatives of patients comment on the appearance of the physical plant. Our pride goes farther than the obvious, in that the condition of hospital buildings is an indi-

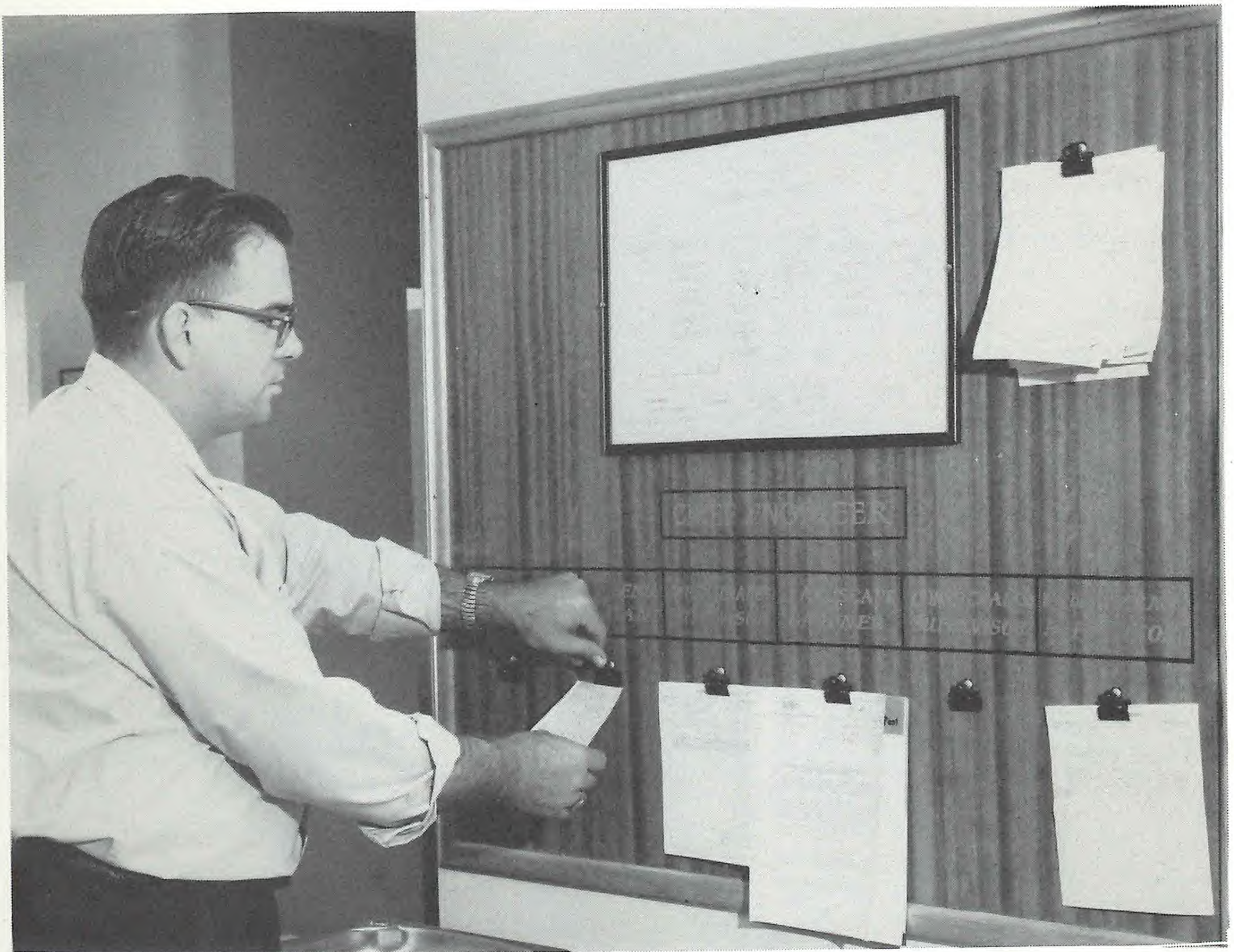


Mr. Phillip Brown, Chief Engineer



Soil pipe and sewers are more readily cleaned by this equipment made in the Engineering Services Shops.

cation of the treatment and care of its patients, patient and employee morale and good business procedures. A constant backlog of work requests illustrates our perpetual program.



Message Board posts work changes and priority assignments for Section-Heads in the Engineering Services Department.

Accomplishment of over nine-hundred jobs of major nature shows the past fiscal year to have been our most productive. This is an increase of more than 300% in this type work, over last year. Requests for repairs and services of emergency nature increased from 7,843 last year to 9,038 requests this year. This 15% increase represents an awareness by employees generally of the value of good maintenance.

Since the inception of the aide's training program, twenty-two of thirty-nine employees in the department have received training, to help them better understand the nursing program and the mental patient. This training has been of inestimable value in our participation in the Industrial Therapy Program. An average of over thirty-three patients per month has been assigned for industrial therapy to Engineering during the past fiscal year.

The effect of new buildings and rehabilitation of buildings during recent years strongly recommends that our long range program for new buildings and major building rehabilitation progress uninterrupted. As this program progresses, so does the ability of the Engineering Department. This is reflected in our buildings, equipment and grounds, in that the program prevents emergencies which formerly required overtime work and after-hour callback of employees. Additional buildings and major rehabilitation of buildings, in addition to what they provide immediately for the patients, allow the Engineering Department to serve beyond the fundamental requirements of good maintenance and are ultimately economical.



Air conditioning filters are quickly and inexpensively cleaned and prepared for re-use. Machine, made from salvaged dishwasher, saves many hours of hand labor.

Fire Marshal's Report

In the report of the inspection board of the American Psychiatric Association it is noted that the Hospital Fire Department is "very well organized." Through this organization approximately two-hundred employees have received the Hospital fire safety course in use of fire extinguishing equipment, emergency removal of bed patients and evacuation procedures.

A Hospital Fire Safety Manual has been completed and is being used in the employee training program. The Manual has been distributed to all wards and departments. This manual outlines fire emergency procedures for each area of the Hospital.

During the past fiscal year twenty-five fire incidents occurred. Two resulted in minor injuries. There were no fatalities. Most fire incidents were caused by patients smoking. Evidence indicates only two fires were set intentionally by patients. Quarterly fire safety inspections, special inspections and daily inspections of Hospital industrial areas were made. An annual inspection of the Hospital was made by the City of Phoenix Fire Department, as well as a courtesy inspection by a local fire underwriter during National Fire Prevention Week. Reports of these inspections were provided by the fire marshal. They have resulted in many corrections for improved fire safety.

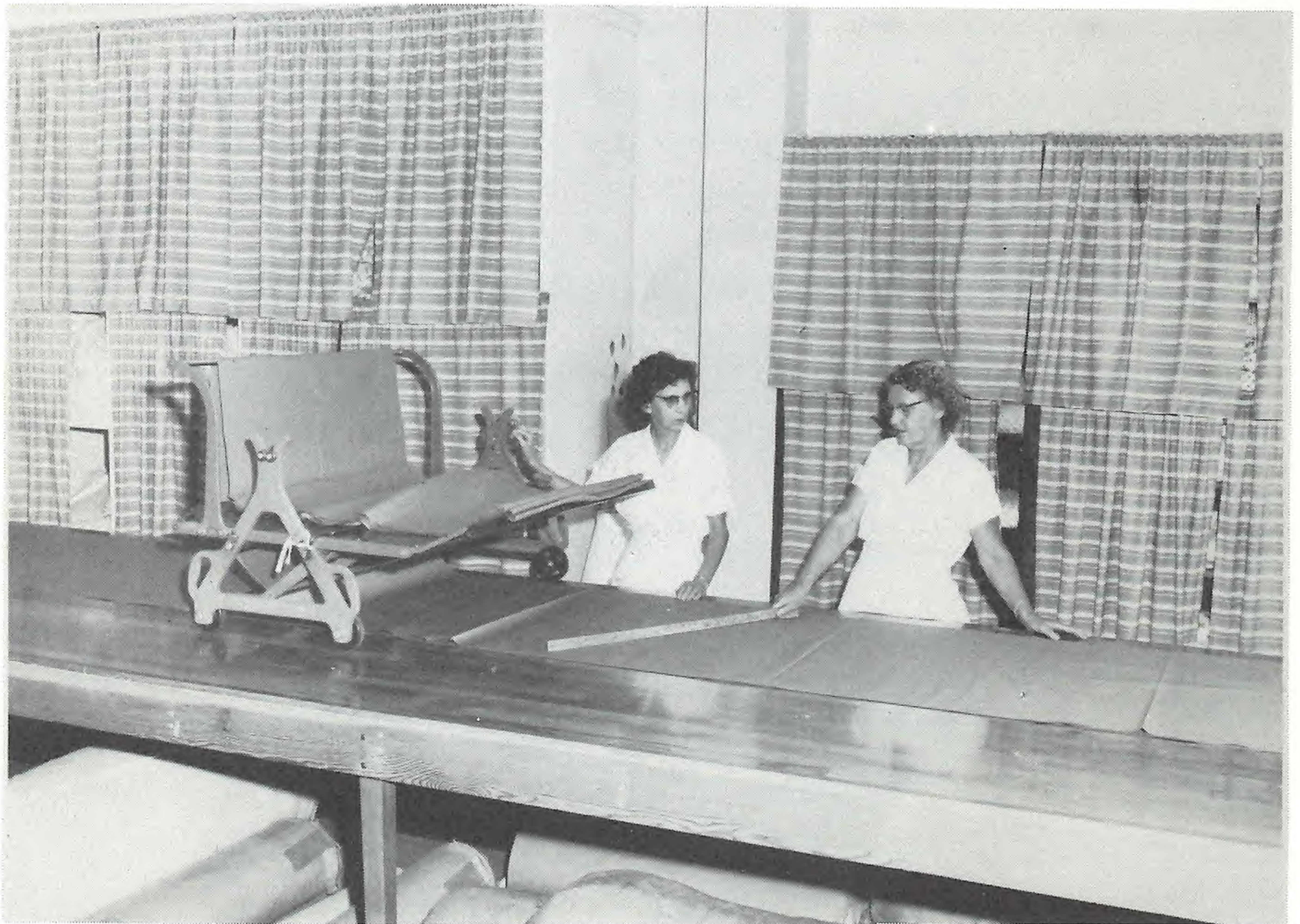
Open stairways have been enclosed in ward buildings "A", "D" and "F". Fire resistant stage curtains have been installed in the Auditorium. The Mattress Shop building has had a fire sprinkler system installed. Flammable storage has been removed from Building "K". Fire hydrants and siamese connections have been tested and serviced periodically. Fire sprinkler systems have been tested semi-monthly. Our 245 portable fire extinguishers have been checked and have been recharged. Surgery room floors and equipment have been tested for conductivity, monthly.

Report of Salvage Sale

Auction Sale, April 15, 1958.....	\$1,460.90	
Advertising Expense	7.43	
	<hr/>	
Deposited in General Fund		\$1,453.47
Sale of grease and bones	170.43	
Sale of tins and cardboard	231.86	
Sale of rags	390.10	
	<hr/>	
Deposited in General Fund		\$ 792.39
		<hr/>
Total		\$2,245.86

Sewing Room Production

Aprons, Barber	20	Pads, Ironing Board	1
Aprons, Kitchen Style	36	Pads, Silent	7
Aprons, Pinafore	165	Pads, Table	16
Aprons, Protective	12	Pillow Slips	168
Aprons, Restraint	429	Pillow Ticks,	
Aprons, Tea	6	Protective Sheeting	104
Bags, Laundry	382	Restraint Bands	564
Bermuda Shorts	318	Screens, Three-Way	5
Bibs, Terrycloth	12	Sheets	600
Blouses	216	Sheets, Protective	402
Cloths, Silent	6	Skirts	586
Cloths, Table	36	Slips	1,718
Covers	7	Storeroom Covers	2
Diapers	420	Towels, Bath.....	2,206
Drapes (Pr.)	78	Towels, Surgery	82
Dresses, Better	2,526	Towels, Tea	756
Dresses, Heavy		Turkey Saddles	110
(Remodeled)	322	Wrappers, Dust	170
Gowns, Plain	1,141	Wrappers, Glove	75
Gowns, Surgery	245	Wrappers, Surgery	242
Gowns, Tie Back	1,862	Articles Altered	271
Laundry Hampers	32		
Napkins	46		
		TOTAL	16,402

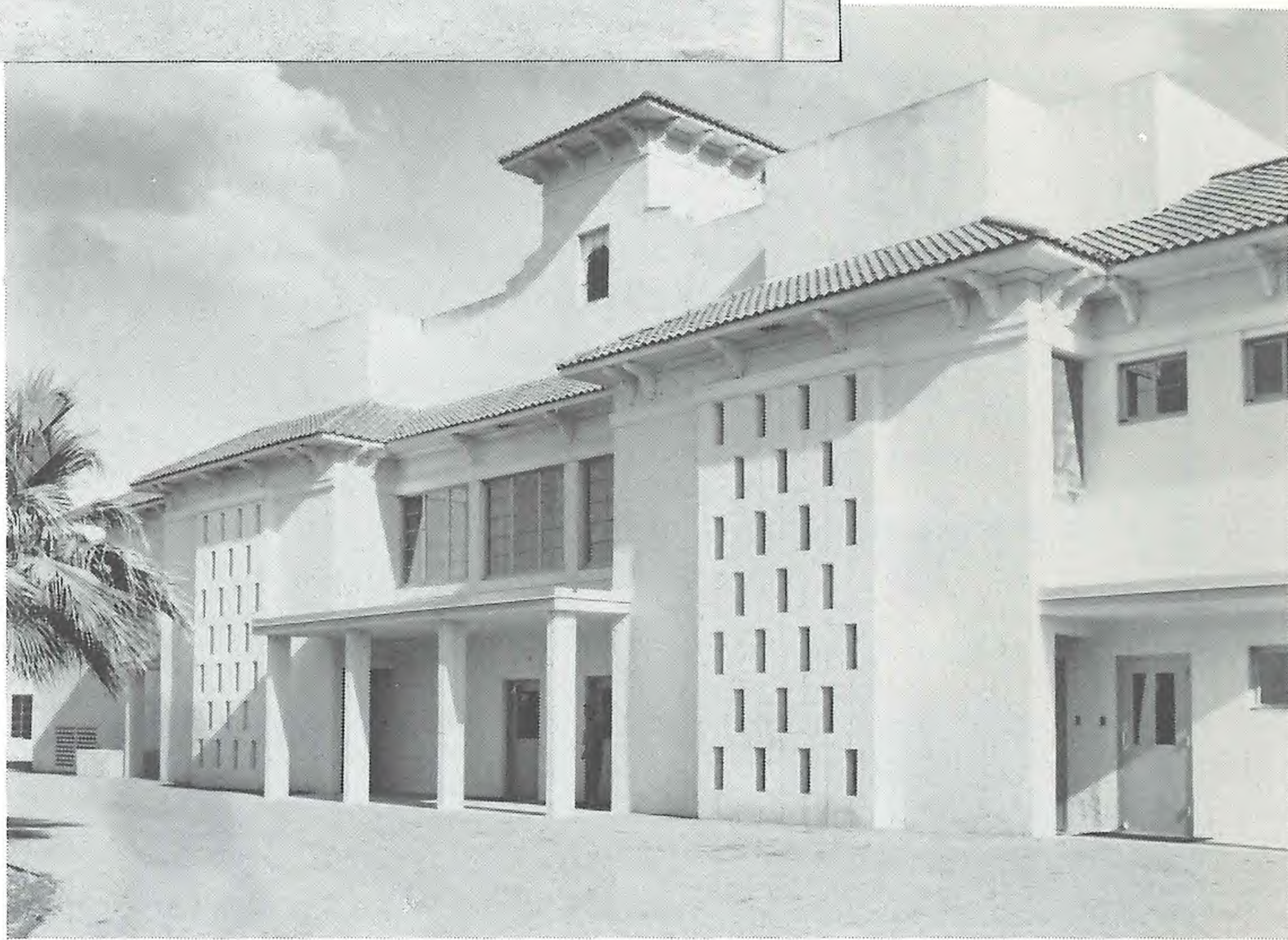


Sewing Room employees plan material layout for dress production, using new yardage spreader.

“Before and After”



F-Building, north elevation, showing need for repair.

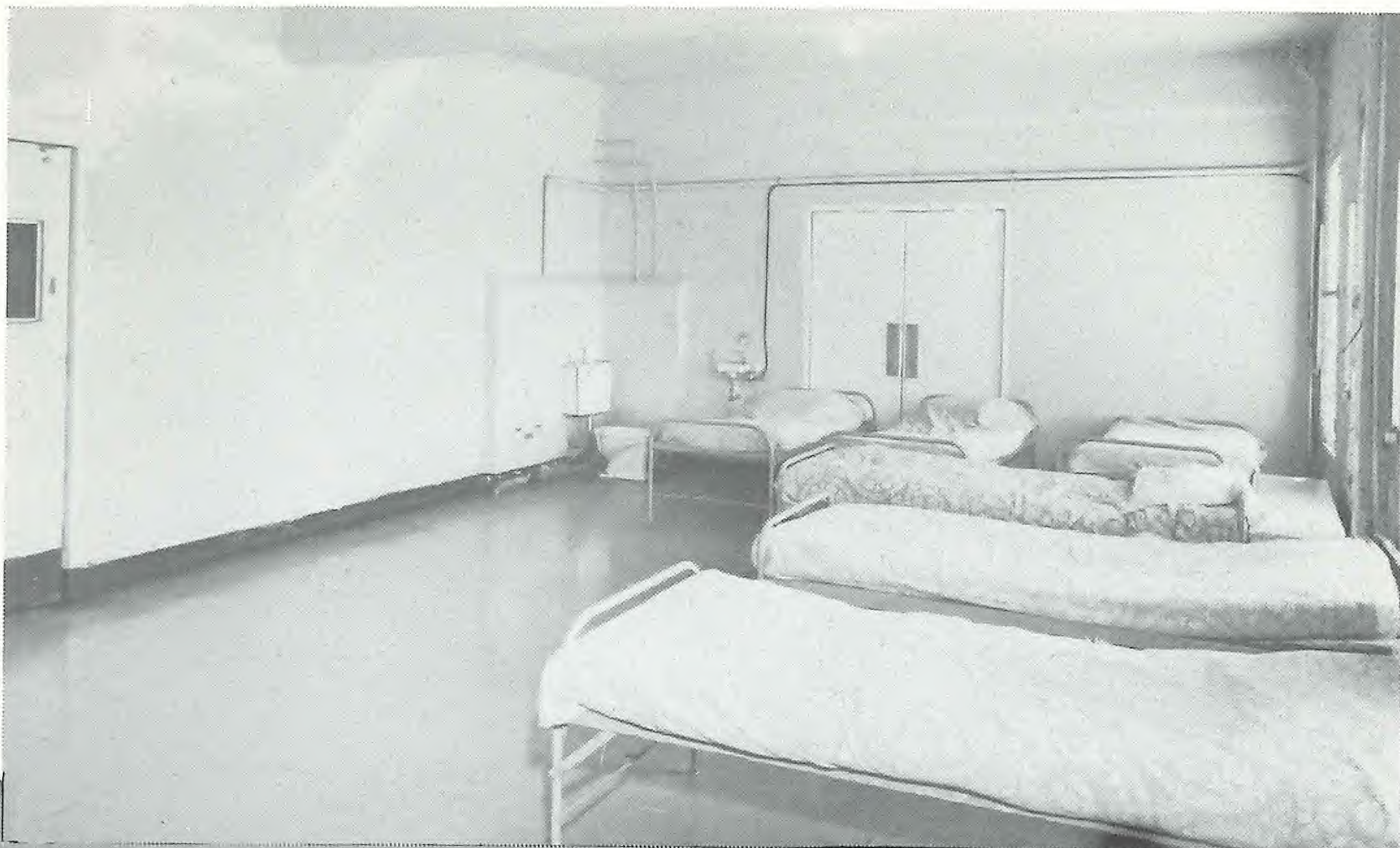


F-Building, north elevation, enclosed and improved for better service and utility.



F-Building, south elevation. Shade and patio facilities, shown under construction here, will allow daily outside activities to patients for whom this has been a rare privilege for years.

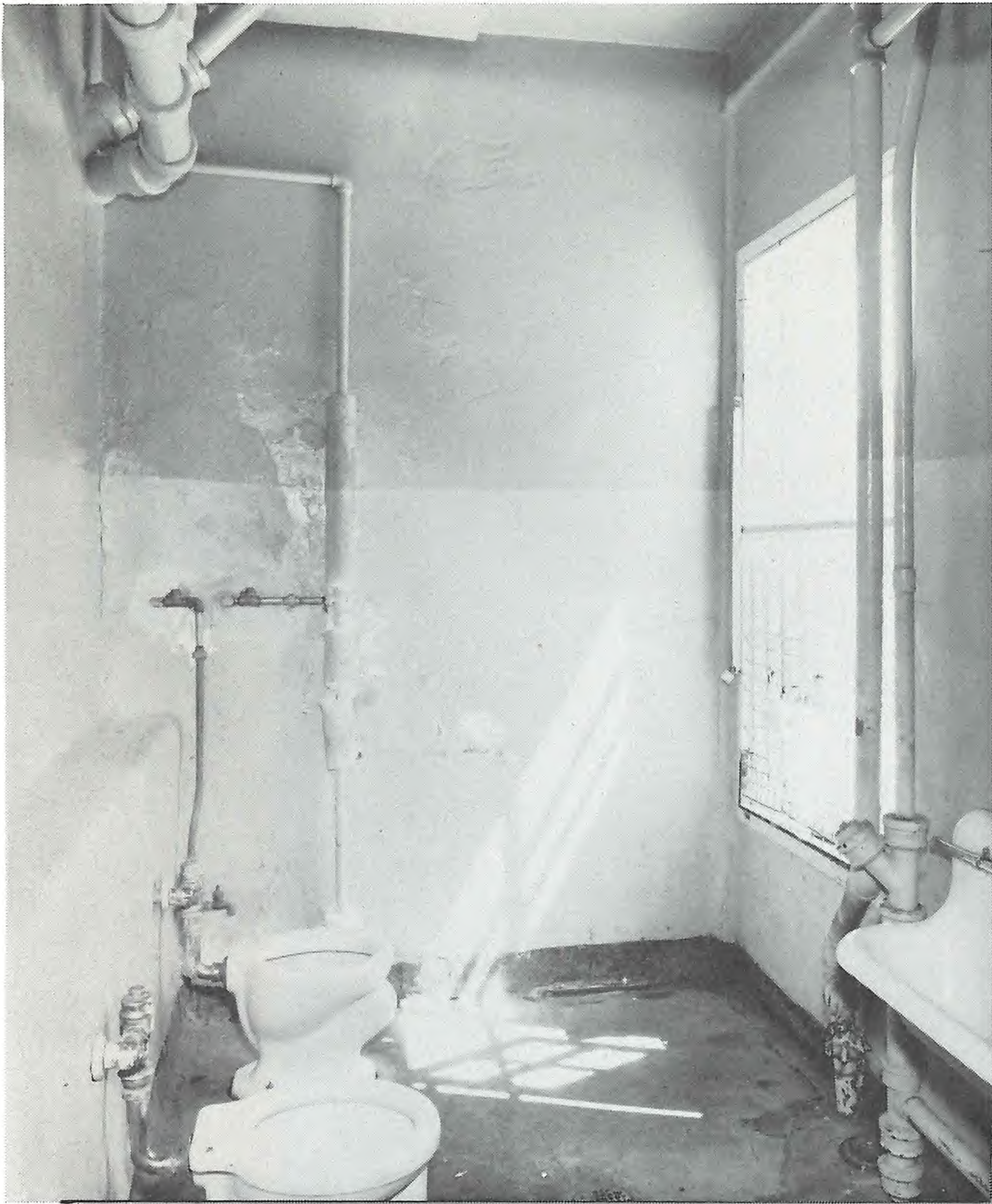
F-Building interior showing patched appearance and improper division of patient functions



F-Building, interior. This generally sound structure was gutted to provide an adequate assignment of space, a sufficient amount of sanitary facilities and proper division of patient activities



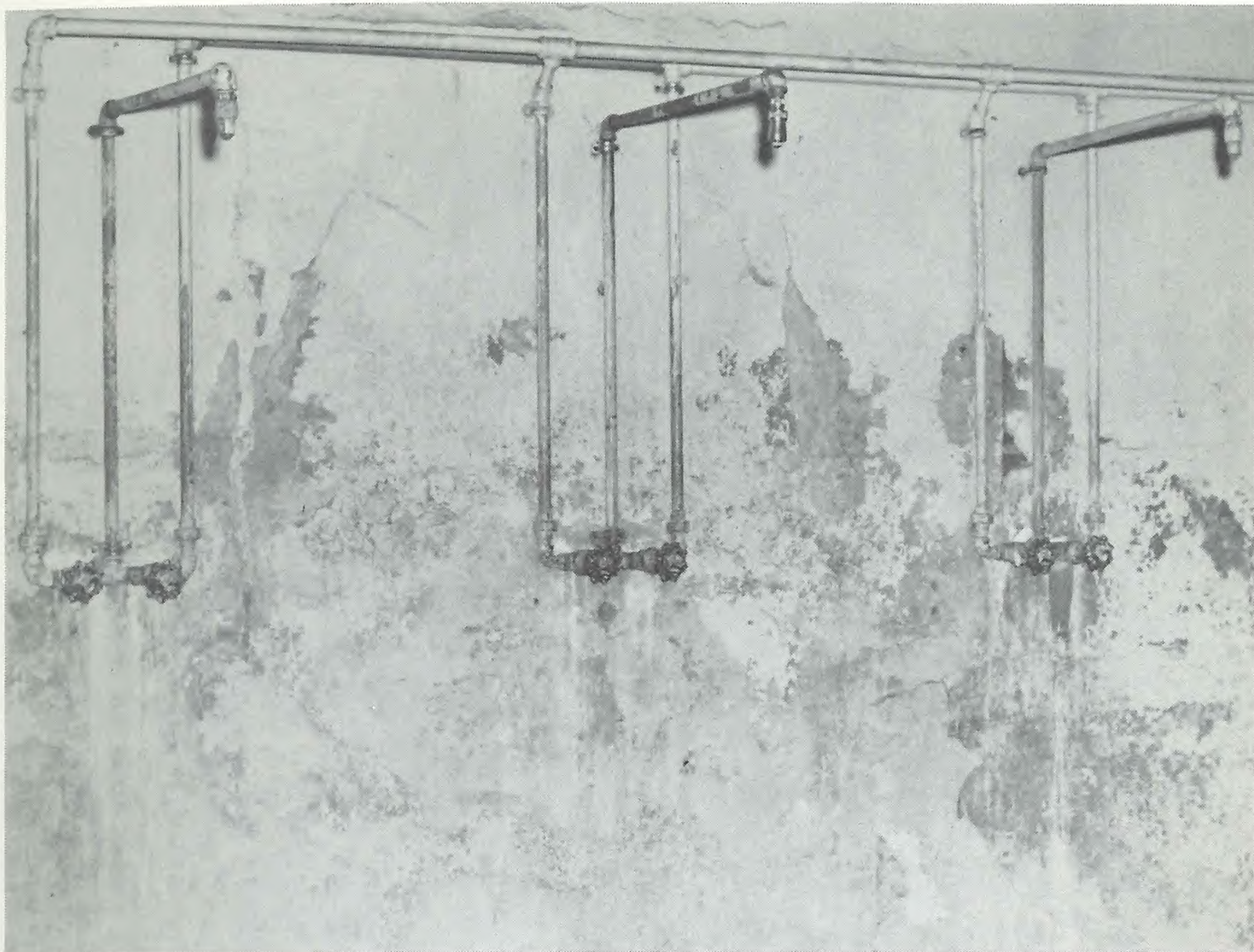
F-Building interior, looking through modern sleeping area to new day-room. (Space for the patient's wardrobe is provided near his bed).



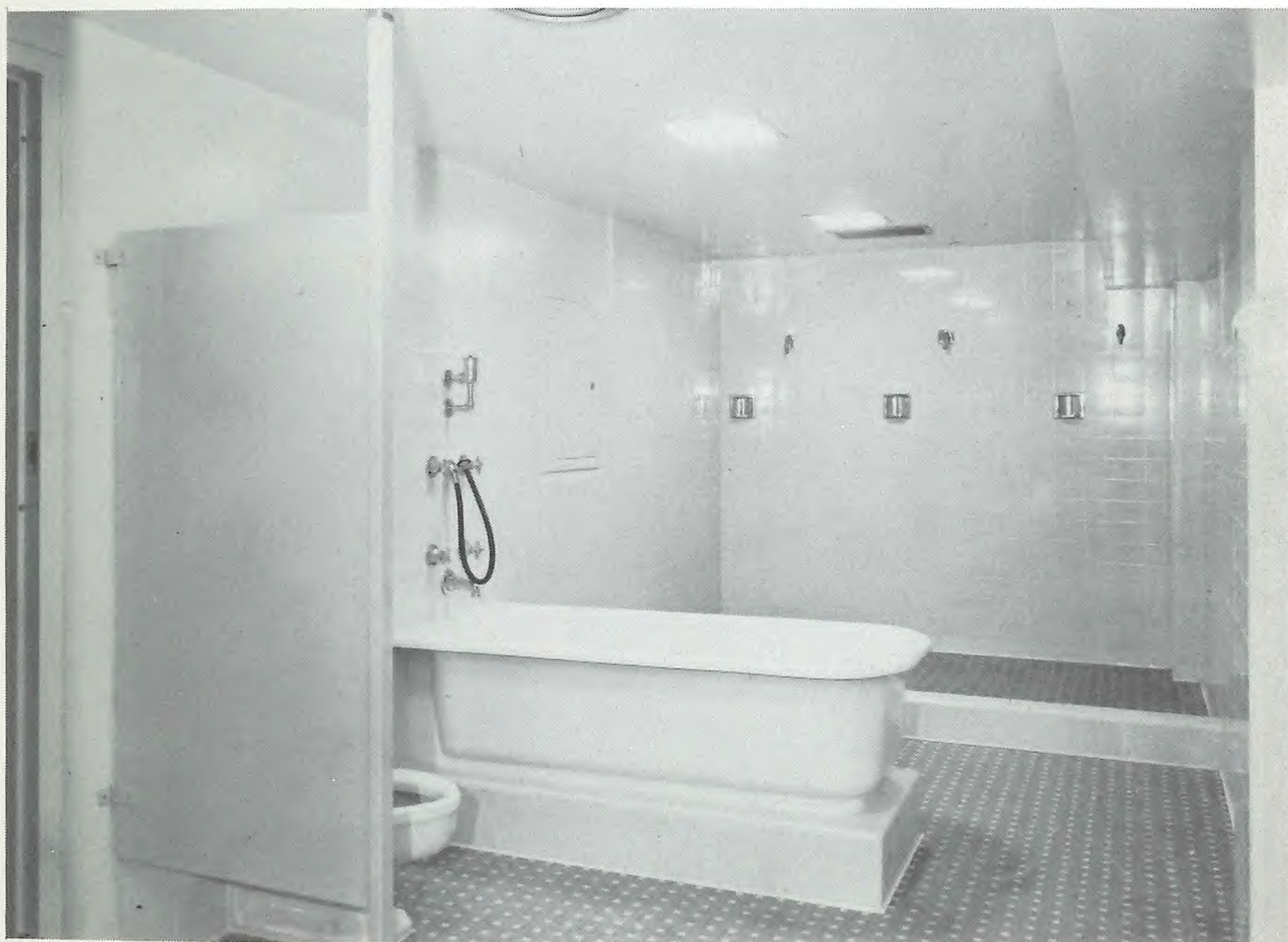
*F-Building toilet facilities
last year.*



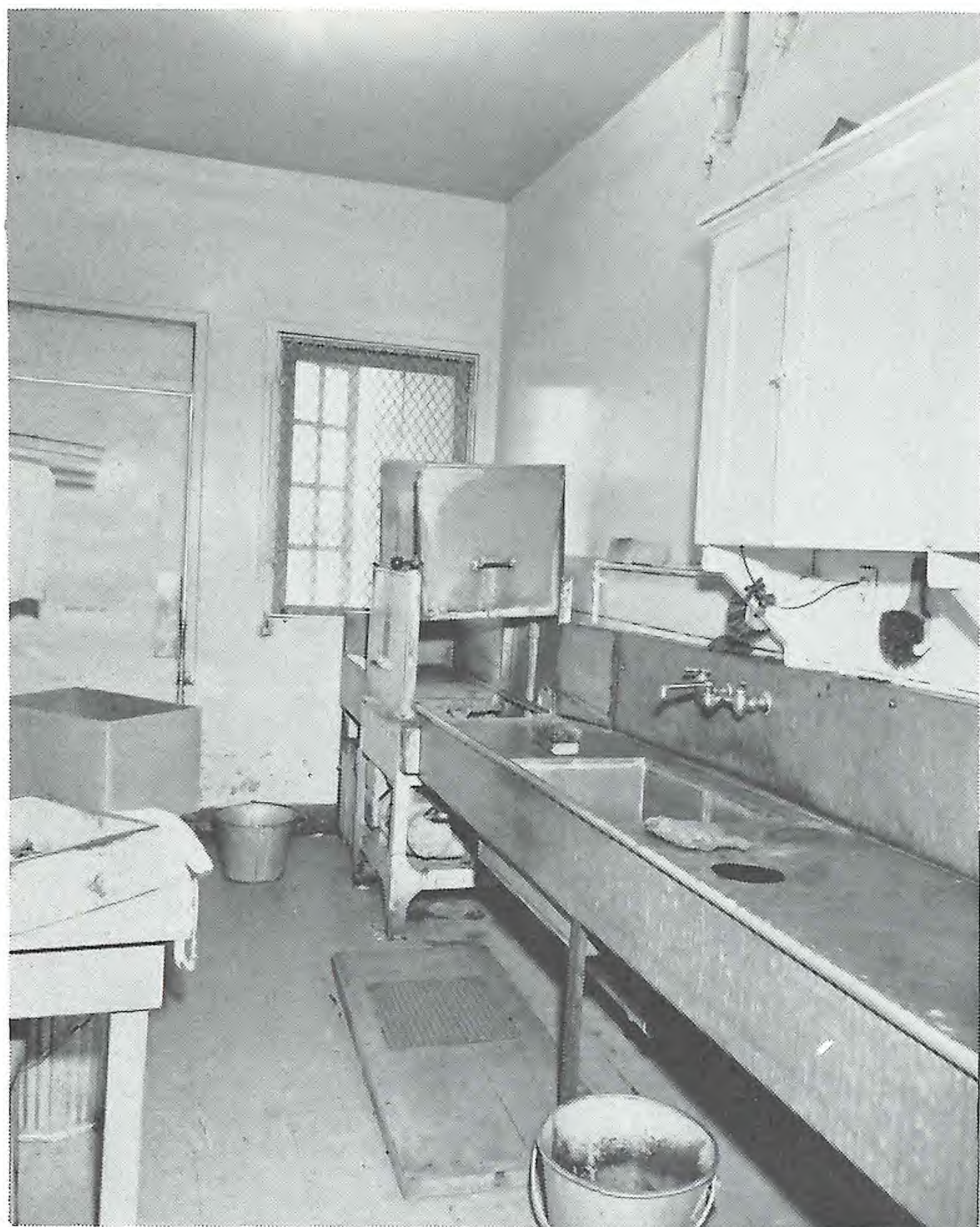
F-Building toilet facilities today



F-Building shower area last year



F-Building shower area today



F-Building—dishwashing area last year



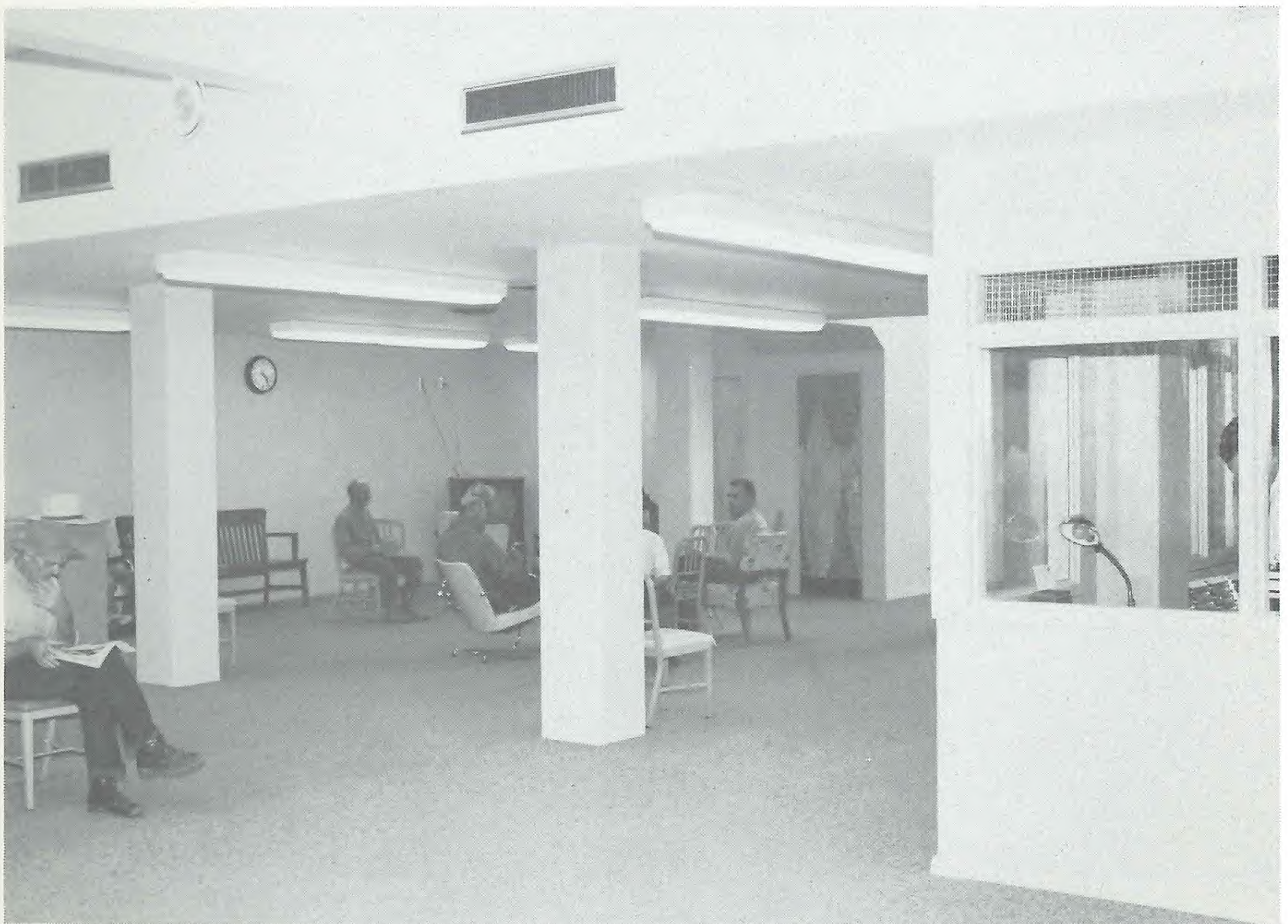
F-Building—patient's Dining area last year



F-Building—patient's new stainless steel and tile food area.



F-Building Day-Room last year.



F-Building Day-Room today.



The Original Mattress Shop.



The Mattress Shop now with storage for raw supplies and finished product and room for "straight-line" manufacturing, repair and sterilization.



Classes in upholstery and mattress repair were held in the Sterilizer Area. ➡

*For lack of space,
mattress making
was often forced
outside.*



*With the addition
of simple housing,
this function of pa-
tient rehabilitation
has become an
"all - weather"
teaching and man-
ufacturing process.*



Classes and equipment arranged for convenience and efficiency.



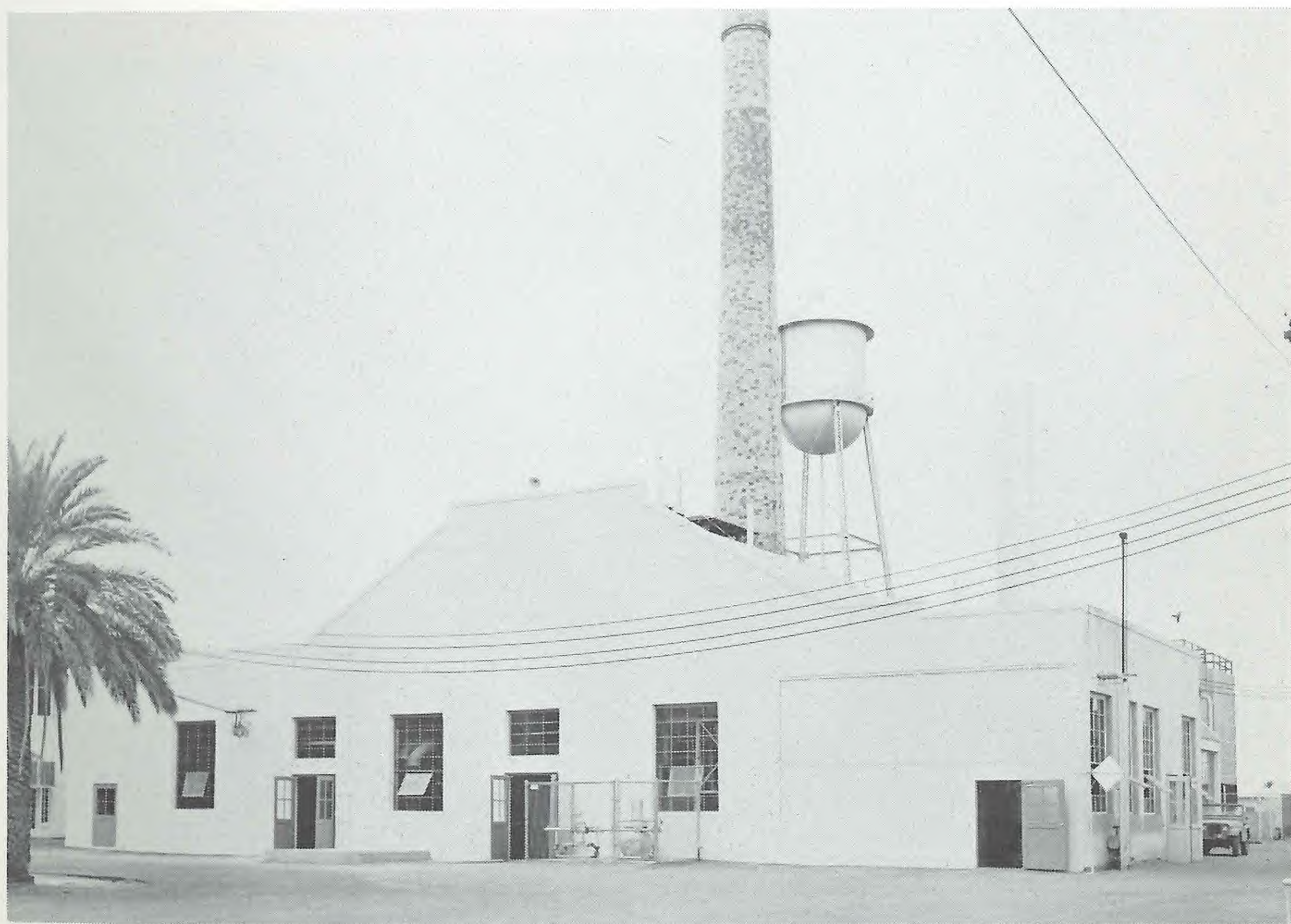
Water Treatment area of Power Plant, built 30 years ago with patient labor.



Water Treatment area revised; roofing, electrical and refrigeration all improved.



Powerplant during installation of a new boiler and alteration of the water treatment area.



The powerplant with the new boiler installed, water treatment altered and the building face lifted.

“Still Needed”



D-Building interior—old wooden “bunks” scheduled for early replacement.



The “D” Building. This Original Hospital Structure, seventy years old last year, has had many repairs and minor revisions. It is no longer economical to maintain and much of the building should be replaced.



D-Building’s antiquated dining facilities can no longer serve this function. Since walls are part of bearing structure, little remodeling is possible.



Showers and lavatories in the D-Building today.



Crowded sleeping "porches" in the A-Building.



A-Building dayroom. While clean, this ancient, inadequate and uninspiring area should be revised.



Recreation Lounge. This former dormitory for employees is unsatisfactory for patient recreation.



C-Building, women's ward, overcrowded and inadequate facilities.



Making the best of a poor thing is the unwelcome assignment of the Gray Ladies who serve in the patients' meagerly supplied library. "Clean but inadequate" can best describe these cramped quarters in the hospital's oldest building.

Out-Patient Clinics

Out-patient clinics are needed throughout the state to provide treatment for emotional and mental illness in the early stages which would help to prevent hospitalization and provide after-care for those patients who had been discharged. This would reduce the percentage of return to the hospital.

Personnel

The need for additional personnel has been stressed continuously so that the hospital would be able to provide a treatment program which would reduce the time of hospitalization. The value in terms of health could not be measured but ultimately this would result in economies in the operation of the hospital.

Building Standards

The five year plan for additional buildings and remodeling old buildings has been approved by the legislature during past years. The completion of the proposed needs will bring the hospital to the standard as designated by the American Psychiatric Association so that complete accreditation can be obtained.

The Future

With newer treatments, experimental results and research developments, the mental hospital of the future should be a training and treatment center. This will require small units located close to university centers and research facilities. The Arizona State Hospital should not become larger, but should anticipate an additional small unit in the Tucson area for immediate and rapid treatment.



ADMISSION *and* NURSING OFFICE

ENGINEERING SE
WARDS D-F
POWER HO
RECREATION FIELD TA
SEWING ROOM MATTE

GOING HOME